

9/3/

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 23, 2002 8:00 am
Secretary of State

09-03-2002 90115 038 ****50.00

DOCUMENT # M00000000673

1. Entity Name

PARKLANDS DEVELOPMENT, L.L.C.

Principal Place of Business

**599 LEXINGTON AVE., SUITE 3800
C/O WESTBROOK REAL ESTATE PARTNERS LLC
NEW YORK NY 10022**

Mailing Address

**599 LEXINGTON AVE., SUITE 3800
C/O WESTBROOK REAL ESTATE PARTNERS LLC
NEW YORK NY 10022****42909**

2. Principal Place of Business

13155 Noel Road

3. Mailing Address

13155 Noel Road

Suite, Apt. #, etc.

Suite 2400

Suite, Apt. #, etc.

Suite 2400

City & State

Dallas, TX

City & State

Dallas, TX

Zip

75240

Country

USA

Zip

75240

Country

USA4. FEI Number **APPLIED FOR**
13-4040760

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WESTBROOK REAL ESTATE FUND II LP	
STREET ADDRESS	13155 NOEL ROAD, SUITE 2400	change address to:
CITY-ST-ZIP	DALLAS TX 75240	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13155 Noel Road, Suite 2400	
CITY-ST-ZIP	Dallas, TX 75240	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:**SKINNY REQUIRED**
Thick K. Fox**July 17, 2002 972 934 0100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)