


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90011 021 \*\*\*\*50.00

**DOCUMENT # M02000000021**

1. Entity Name  
**TERRABROOK CONNERTON HOLDINGS, L.L.C.**



Principal Place of Business  
**3030 LBJ FREEWAY, STE. 1500  
 DALLAS, TX 75234**

Mailing Address  
**3030 LBJ FREEWAY, STE. 1500  
 DALLAS, TX 75234**

**44043130**



2. Principal Place of Business <b>3030 LBJ Freeway</b>	3. Mailing Address <b>3030 LBJ Freeway</b>
Suite, Apt. #, etc. <b>Ste. 1450</b>	Suite, Apt. #, etc. <b>Ste. /1450</b>
City & State <b>Dallas, TX</b>	City & State <b>Dallas, TX</b>
Zip <b>75234</b>	Country <b>U.S.</b>

02032004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>01-0569061</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**-6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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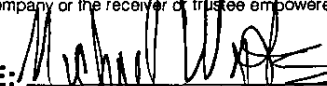
**9. MANAGING MEMBERS/MANAGERS**

TITLE <b>MGRM</b>	<input type="checkbox"/> Delete
NAME <b>TERRABROOK IV LAND INVESTMENTS, L.P.</b>	
STREET ADDRESS <b>3030 LBJ FREEWAY, STE. 1500</b>	
CITY-ST-ZIP <b>DALLAS, TX 75234</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WB IV Land Investments, L.P.</b>	
STREET ADDRESS <b>3030 LBJ Freeway, Ste. 1450</b>	
CITY-ST-ZIP <b>Dallas, TX 75234</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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)(i), 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:**  **Michael M. Watson, Secretary** **4/22/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

972-443-7200