

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000000021

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



Principal Place of Business

3030 LBJ FREEWAY
SUITE 1450
DALLAS, TX 75234

Mailing Address

3030 LBJ FREEWAY
SUITE 1450
DALLAS, TX 75234

BK

FILED
07 JUL 16 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07112007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0569061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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.

Barbara A. Burke

Special Assistant Secretary

7-13-07

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WB IV LAND INVESTMENTS, L.P.
3030 LBJ FREEWAY, STE. 1450
DALLAS, TX 75234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900106340709
07/18/07--01041--003 **50.00

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

KARLEEN REYNOLDS KARLEEN REYNOLDS

7-11-07

972-443-7200

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

Date

Daytime Phone #