


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90024 003 \*\*\*138.75

<b>DOCUMENT # M02000000021</b> 1. Entity Name TERRABROOK CONNERTON HOLDINGS, L.L.C.	
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Principal Place of Business 3030 LBJ FREEWAY SUITE 1450 DALLAS, TX 75234	Mailing Address 3030 LBJ FREEWAY SUITE 1450 DALLAS, TX 75234
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2. Principal Place of Business - No P.O. Box # 13155 NOEL ROAD Suite, Apt. #, etc. SUITE 700, LB # 54 City & State DALLAS, TX Zip 75240 Country USA	3. Mailing Address 13155 NOEL ROAD Suite, Apt. #, etc. SUITE 700, LB # 54 City & State DALLAS, TX Zip 75240 Country USA
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04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-0569061	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WB IV LAND INVESTMENTS, L.P. 3030 LBJ FREEWAY, STE. 1450 DALLAS, TX 75234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Karlen Reynolds 4/28/08 972-934-7413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #