



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90214 023 \*\*\*\*50.00

<b>DOCUMENT # M02000001242</b> 1. Entity Name <b>MIRABAY REALTY, L.L.C.</b>					
Principal Place of Business <b>3030 LBJ FREEWAY SUITE 1500 DALLAS, TX 75234</b>			Mailing Address <b>3030 LBJ FREEWAY SUITE 1500 DALLAS, TX 75234</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>45-0476667</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM WESTBROOK UNITED LAND INVESTMENTS, L.P. 3030 LBJ FREEWAY, STE. 1500 DALLAS, TX 75234</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM NNP II-Investments III, L.P. 9404 Genesee Avenue, Suite 230 La Jolla, CA 92037</b> <input checked="" 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 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.					
<b>SIGNATURE:</b> 			<b>Scott H. Raskin, Asst. Vice President</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>3/4/04</b> Daytime Phone # <b>972-443-6000</b>		

**24028628**

