2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002165

Entity Name

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

G&I III INVESTMENT WESTLAKE LLC



Principal Place of Business Mailing Address

220 E. 42ND STREET, 27TH FLOOR NEW YORK, NY 10017

220 E. 42ND STREET, 27TH FLOOR NEW YORK, NY 10017

FILED Apr 09, 2008 8:00 am Secretary of State

04-09-2008 90125 041 ***138.75

PUNCTITA



DO NOT WRITE IN THIS SPACE

03272008 No Chg-LLC CR2E083 (12/07)

4. FEI Number	Applied For	
35-2178838	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SÉRVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

are unigations of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TANSEY, FRANCIS X 220 E. 42ND STREET, 27TH FLOOR NEW YORK, NY 10017			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUSKI, DAVID 220 E. 42ND STREET, 27TH FLOOR NEW YORK, NY 10017			
NAME STREET ADDRESS CITY-ST-ZIP	MGR MCEVOY, PAUL 220 E. 42ND STREET, 27TH FLOOR -NEW YORK, NY-10017	-DO NOT	-WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELTZ, ANDREW E 220 E. 42ND STREET, 27TH FLOOR NEW YORK, NY 10017	IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUMMERS, BRIAN T 220 E. 42ND STREET, 27TH FLOOR NEW YORK, NY 10017		-	
TITLE NAME				

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

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