

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000470

1. Entity Name

WESTERRA SAILFISH POINT, L.L.C.

Principal Place of Business

599 LEXINGTON AVENUE, SUITE 3800
NEW YORK NY 10022-1

Mailing Address

3030 LBJ FREEWAY, LB #6
SUITE 1500
DALLAS TX 75234

2. Principal Place of Business

3030 LBJ Freeway

Suite, Apt. #, etc.

Suite 1500

City & State

Dallas, TX

Zip

75234

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-3918816

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WESTERRA HOLDINGS, L.L.C.
599 LEXINGTON AVENUE, SUITE 3800
NEW YORK NY 10022-1 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WESTERRA CO-HOLDINGS, L.L.C.
599 LEXINGTON AVENUE, SUITE 3800
NEW YORK NY 10022-1 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3030 LBJ Freeway, Suite 1500
Dallas, TX 75234 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3030 LBJ Freeway, Suite 1500
Dallas, TX 75234 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Scott H. Raskin
SIGNATURE REQUIRED

Scott H. Raskin, Asst. Secretary 1/9/02 972-443-6000

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

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90036 019 ****50.00

903632



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)