ile on or before May 1, 19 ubject to a \$ 400.00 LATE		Liability Con	npany will be	9	FILTO	RE	CEIVED	
IMITED LIABILITY COMPAN ANNUAL REPORT 1999	Y	ORIDA DEPARTM Katherine Secretary o DIVISION OF COP	Harris State		(-3 M		ECEIVED 18181999	
LING FEE Annual Report \$1 \$ 188.75 Make Check Pa	00.00 + \$88.75 C yable To: FLORI	Corporation Sup	plemental Fee IT OF STATE				unta 5/5	
Name and Malling Address of Limited Liability Company]			\$/5				
WESTERRA SEAWII 3030 lbj freewi Suite 1500 Dallas TX 75234	1a. Principal Place of Business Address 599 LEXINGTON AVENUE, SUITE NEW YORK NY 10022							
Principal Place of Business	2a. Mailin	2a. Mailing Address			3. Date Organized or Qualified 3a. State of Formation			
ite, Apt. #, etc.	Suite, Apt	. #, etc.		11/25/1996 DE				
y & State	City & Sta	City & State		_			Applied For	
y di Sibile				13-3918821 5. Date of Last Report		6. Certifica	Not Applicable	
o Country	Zip	Cour	itry	04/29/1			ional Fee Required	
7. Name and Address of	Current Registered	Agent	8. Name	Name and Address		tered Agent	/Office	
Pursuant to the provisions of Sections (registered office or registered agent, or b registered agent, and accept the obliga	oth, in the State of Flori tions.	ida. Such change was	authorized by affirma	ative vote of a majority D	FL bmits this state of the members	Zip Code ment for the s. Thereby ac	未未未非1号号,74 purpose of changing ccept the appointment	
(Registered Agent Title Managing Members/	Accepting Appointment) (N Managers		are required when reinslatin ess Street Address	igi		State and Z		
IGRM WESTERRA HOLD				NUE, SUIT NUE, SUIT				
I. I do hereby certify that the information so dicated on this ennual report is true and a nited liability company or the receiver or t acchment with an address. WES	iccurate and that my si	ignature shall have the execute this report as	e same legal effect a required by Chapter	s if made under oath; 608, Florida Statutes	that I am a mai	naging mem	ber or manager of the	
	Aunt :	H. t	a L'		4/20	/99 9	972-443-6000	
	E AND TYPED OR PRINTED N		G MEMBER OF MANAGER	668	Date		∋aytene Ptiona:#	

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