

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026869 AF

DOCUMENT # M96000000472

1. Entity Name  
WESTERRA MARTIN, L.L.C.

FILED

01 JAN 29 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
599 LEXINGTON AVENUE, SUITE 3800  
NEW YORK NY 10022

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3918821

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

100003623561--1  
-02/01/01--01114--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Signature*

Scott H. Craskin, Asst. Secretary 1/22/01 972-443-6000

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

Date

Daytime Phone #

CR2E083 (11/00)