

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

01-14-2002 90036 020 \*\*\*\*50.00

**DOCUMENT # M96000000472**

1. Entity Name

**WESTERRA MARTIN, L.L.C.**

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**

**903631**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3030 LBJ Freeway**

3. Mailing Address

Suite, Apt. #, etc.

Suite 1500

City & State

**Dallas, TX**

City & State

4. FEI Number **13-3918821**

Applied For

Not Applicable

Zip

**75234**

Country

**USA**

Zip

Country

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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 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 #

CR2E083 (9/01)