

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-14-2002 90036 021 ****50.00

DOCUMENT # M96000000473

1. Entity Name

WESTERRA ARBORS, L.L.C.

Principal Place of Business

**599 LEXINGTON AVE., SUITE 3800
NEW YORK NY 10022**

Mailing Address

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

2. Principal Place of Business

3030 LBJ Freeway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1500

City & State
Dallas, TX

City & State

Zip
75234

Country
USA

Zip

Country

4. FEI Number **13-3923744**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE
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☐ Delete

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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, 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)