	or before to a \$ 40				mlted	Liabi	lity (	Com	pany	will be	•			L-11 t	ſ.			CEIVI		
ANNUAL REPORT  1999  FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS														' - 3				12219	,	
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\$ 188.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # M9600000477																		4nTm 5	5	
Ţ	WESTERRA MANAGEMENT, L.L.C. 3030 LBJ FREEWAY, LB #6 SUITE 1500 DALLAS TX 75234												18. Principal Place of Business Address 599 LEXINGTON AVENUE SUITE 3800 NEW YORK NY 10022							
2 Princip	al Place of Busi	2a. Mailir	2a. Mailing Address						Date Org	ganized	or Quali	fied	3a. S	State of	Formation					
Suite Ant	# etc		Suite, Apt. #, etc.						11/25/1996					DE	;					
Suite, Apt. #, etc.					Suite, Ap	. w, e.c.				4. FEI Number								Applie	d For	
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	7. Name a	end Add	Iress of Cu	rrent Re	gistered	Agent			Name	8.	Name	and Ad	dress	1 New R	legiste	red A	gent/C	office		
% CT 1200	ORPORAT CORPOR SOUTH TATION		Street Add Suite, Api City				s (P.O. Box Number is Not Acceptable) etc.						1079	-021						
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10. Title							OTE Registereo Agent signature required whon reinstaning Business Street Address									State and Zip Code				
MGRM	WESTBR	оок	LAND	INV	estm	599	LEX	KING	STON	AVE.	. ,	#380	00	NEW	YO	RK	NY			
MGRM	WESTER	RA (	со-ноі	LDIN	GS,	599	LEX	KIN	GTON	AVE.	,	#380	00	NEW	YO	RK	NY			

11. Ido 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. WESTBROOK LAND INVESTMENTS, L.L.C., Managing Member

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN NG MANAGING MEMBER OR MANAGER

470/99

972-443-6000

Daytme Phone #

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