

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-14-2002 90036 018 ****50.00

DOCUMENT # M96000000477

1. Entity Name

WESTERRA MANAGEMENT, 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**

905055

2. Principal Place of Business

3030 LBJ Freeway, LB 6

3. Mailing Address

Suite, Apt. #, etc.

Suite 1500

City & State

Dallas, TX

City & State

4. FEI Number

13-3916544

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

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 % CT 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
 WESTBROOK LAND INVESTMENTS, L.L.C.
 599 LEXINGTON AVE., #3800
 NEW YORK NY 10022** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**3030 LBJ Freeway, LB 6, Suite 1500
 Dallas, TX 75234** ☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**3030 LBJ Freeway, LB 6, Suite 1500
 Dallas, TX 75234** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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, 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)