

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90011 019 \*\*\*\*50.00

**DOCUMENT # M96000000477**

1. Entity Name  
**WESTERRA MANAGEMENT, L.L.C.**



Principal Place of Business      Mailing Address

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

**44043132**



2. Principal Place of Business      3. Mailing Address

**3030 LBJ Freeway**      **3030 LBJ Freeway**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Ste. 1450**      **Ste. 1450**

02032004    Chg-LLC    CR2E083 (10/03)

City & State      City & State

**Dallas, TX**      **Dallas, TX**

4. FEI Number      Applied For

**13-3916544**      Not Applicable

Zip      Country      Zip      Country

**75234**      **U.S.**      **75234**      **U.S.**

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**% CT 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to:**  
**Florida Department of State**

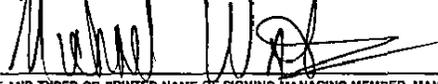
**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WESTBROOK LAND INVESTMENTS, L.P.	
STREET ADDRESS	3030 LBJ FREEWAY, LB 6, SUITE 1500	
CITY - ST - ZIP	DALLAS, TX 75234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WB Land Investments, L.P.	
STREET ADDRESS	3030 LBJ Freeway, Suite 1450	
CITY - ST - ZIP	Dallas, TX 75234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**       **Michael M. Watson**    4/22/04    972-443-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #