2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M96000000477

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

Principal Place of Business	Mailing Address	
3030 LBJ FREEWAY STE 1450 DALLAS, TX 75234	3030 LBJ FREEWAY STE 1450 DALLAS, TX 75234	BK

DO NOT WRITE IN THIS SPACE

FILED
07 JUL 16 PH 3: 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07112007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
13-3916544	Not Applicable

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

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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 _Barbara A. Burke_

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

Barbara A. Burke
Special Assistant Secretary

7-13-07
DATE

Filing Fee is $50.00
Due by September 14, 2007

9.   MANAGING MEMBERS/MANAGERS   BK

TITLE	MGRM
NAME	WB LAND INVESTMENTS, L.P.
STREET ADDRESS	3030 LBJ FREEWAY, LB 6, SUITE 1500
CITY-ST-ZIP	DALLAS, TX 75234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Kathleen Reynolds_ KATHLEEN REYNOLDS   7-11-07   972-443-7200

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