



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90024 050 \*\*\*138.75

<b>DOCUMENT # M96000000477</b> 1. Entity Name <b>WESTERRA MANAGEMENT, L.L.C.</b>					
Principal Place of Business <b>3030 LBJ FREEWAY STE 1450 DALLAS, TX 75234</b>			Mailing Address <b>3030 LBJ FREEWAY STE 1450 DALLAS, TX 75234</b>		
2. Principal Place of Business - No P.O. Box # <b>13155 NOEL ROAD</b> Suite, Apt. #, etc. <b>SUITE 700, LB#54</b> City & State <b>DALLAS, TX</b> Zip <b>75240</b>		3. Mailing Address <b>13155 NOEL ROAD</b> Suite, Apt. #, etc. <b>SUITE 700, LB#54</b> City & State <b>DALLAS, TX</b> Zip <b>75240</b>			
Country <b>USA</b>		Country <b>USA</b>		04282008 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>13-3916544</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WB LAND INVESTMENTS, L.P. 3030 LBJ FREEWAY, LB 6, SUITE 1500 DALLAS, TX 75234</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>Kathleen Reynolds</i>		Date <b>4-23-08</b>		Daytime Phone # <b>972-934-7413</b>	