

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90115 033 \*\*\*\*50.00

**DOCUMENT # M97000000477**

1. Entity Name

**WESTBROOK SHORES AT GULF HARBOUR, L.L.C.**

Principal Place of Business

Mailing Address

**599 LEXINGTON AVE., SUITE 3800  
 NEW YORK NY 10022**

**599 LEXINGTON AVE., SUITE 3800  
 NEW YORK NY 10022**

2. Principal Place of Business

**13155 Noel Road**

3. Mailing Address

**13155 Noel Road**

Suite, Apt. #, etc.

**Suite 2400**

Suite, Apt. #, etc.

**Suite 2400**

City & State

**Dallas, TX**

City & State

**Dallas, TX**

Zip

**75240**

Country

**USA**

Zip

**75240**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3960209**

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WESTBROOK REAL ESTATE FUND II, L.P. 599 LEXINGTON AVE., SUITE 3800 NEW YORK NY 10022</b> <input type="checkbox"/> Delete <i>change address →</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13155 Noel Road, Suite 2400 Dallas, TX 75240</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WEST REAL ESTATE CO-INVESTMENT PARTNERSHIP 599 LEXINGTON AVE., SUITE 3800 NEW YORK NY 10022</b> <input type="checkbox"/> Delete <i>change address →</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13155 Noel Road, Suite 2400 Dallas, TX 75240</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*

**SIGNATURE REQUIRED**

**Patrick K. Fox**

**July 17, 2002**

**972 934 0100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)