

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90095 032 ****50.00

DOCUMENT # M97000000477	
1. Entity Name WESTBROOK SHORES AT GULF HARBOUR, L.L.C.	

Principal Place of Business 13155 NOEL ROAD SUITE 2400 DALLAS TX 75240	Mailing Address 13155 NOEL ROAD SUITE 2400 DALLAS TX 75240
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2. Principal Place of Business Suite, Apt. #, etc. Suite 700	3. Mailing Address Suite, Apt. #, etc. Suite 700
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1st MOORE CR2E083 (10/04)

City & State	City & State	4. FEI Number 13-3960209	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T 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
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESTBROOK REAL ESTATE FUND II, L.P.		NAME		
STREET ADDRESS	13155 NOEL ROAD SUITE 2400		STREET ADDRESS	13155 Noel Road, Suite 700	
CITY-ST-ZIP	DALLAS TX 75240		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST REAL ESTATE CO-INVESTMENT PARTNERSHIP		NAME		
STREET ADDRESS	13155 NOEL ROAD SUITE 2400		STREET ADDRESS	13155 Noel Road, Suite 700	
CITY-ST-ZIP	DALLAS TX 75240		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  **Patrick K. Fox** Date: **June 21, 2005** Daytime Phone #: **972-934-0100**