


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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RECEIVED  
FEB 18 1999  
9:11:11

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M97000000493**  
  
WESTBROOK WESTCHASE GP, L.L.C.  
3030 LBJ FREEWAY, LB #6  
SUITE 1500  
DALLAS TX 75234

1a. Principal Place of Business Address  
  
599 LEXINGTON AVE., SUITE 38  
NEW YORK NY 10022

2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	3. Date Organized or Qualified  08/11/1997  4. FEI Number  13-3960109  5. Date of Last Report  04/29/1998	3a. State of Formation  DE  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  6. Certificate of Status Desired  <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members, thereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature requires label on front of page) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WESTBROOK AMERICAN HOL	599 LEXINGTON AVE., SUITE	NEW YORK NY
MGRM	WESTBROOK AMERICAN CO-	599 LEXINGTON AVE., SUITE	NEW YORK NY

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\*\*\*\*188.75 \*\*\*\*188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. WESTBROOK AMERICAN CO-HOLDINGS, L.L.C., Managing Member

**SIGNATURE: By:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER REQUIRED  
Scott H. Raskin, Assistant Secretary  
4/20/99 972-443-6000