File on or before May 1, 1999 or Limited Liability Company will be FFB 1 8 1999 subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY 🔏 Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS STARRS MIS: 11 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000496** 1a. Principal Place of Business Address WESTBROOK HUNTER'S CREEK GP, L.L.C. 3030 LBJ FREEWAY, LB #6 599 LEXINGTON AVENUE, SUITE SUITE 1500 NEW YORK NY 10022 DALLAS TX 75234 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 08/11/1997 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 13-3960202 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zin Country Zip \$8.75 Additional Fee Required 04/29/1998 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite Ant. #, etc. Zin Code 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. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE __ DATE (Registered Agent Ashepting Appointment). (NOTE Registere LAgent signature require Lwher report to a 10. Title City, State and Zip Code Managing Members/Managers **Business Street Address** WESTBROOK AMERICAN HOL 599 LEXINGTON AVE., SUITE NEW YORK NY MGRM MGRM WESTBROOK AMERICAN CO- 599 LEXINGTON AVE., SUITE NEW YORK NY adon**oo2866008---**-05/06/99--01104--015 ****188.75 ****188.7\$

E10 R(12-98) Scott H Raskin Assistant Secretar

HEAND TSPED OR POINTED NAME OF SIGNING MANAGARIS BEARD ROMANAGES.

972-443-6000

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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