2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT



DOCUMENT # M9700000496 WESTBROOK HUNTER'S CREEK GP, L.L.C. 24028623 Principal Place of Business Mailing Address 3030 LBJ FREEWAY 3030 LBJ FREEWAY, LB #6 **SUITE 1500** SUITE 1500 DALLAS, TX 75234 DALLAS, TX 75234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292004 Chg-LLC CR2E083 (10/03) City & State City & State 4 FELNumber Applied For 13-3960202 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Addition TITLE TITLE Change Delete WESTBROOK AMERICAN HOLDINGS, L.P. NAME NAME STREET ADDRESS 3030 LBJ FREEWAY, SUITE 1500 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75234 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition

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.

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

972-443-6000

FILED Mar 25, 2004 8:00 am

Secretary of State

03-25-2004 90214 028 ****50.00

Scott H. Raskin, Asst. Vice President SIGNATURE: NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

STREET AODRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

> 3/4/04 Daytime Phone #

Change

☐ Addition