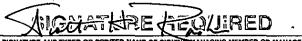
APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M97000000497 1. Entity Name 00 JUL 19 AM 11: 43 WESTBROOK WESTCHASE GOLF GP, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 599 LEXINGTON AVE., SUITE 3800 3030 LBJ FREEWAY. LB #6 NEW YORK NY 10022 **SUITE 1500** DALLAS TX 75234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3960282 Not Applicable Zip Country 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 Name 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 Florida. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Change Addition TITLE MGRM ☐ Delete NAME NAME WESTBROOK AMERICAN HOLDINGS, L.L.C. 900003335209--8 STREET ADDRESS 599 LEXINGTON AVE., SUITE 3800 STREET ADDRESS -07/25/00--01060--008 CITY-ST-7IP CITY-ST-7IP NEW YORK NY 10022 *****50.00 「*****50 @dion ☐ Delete TITLE MGRM NAME NAME WESTBROOK AMERICAN CO-HOLDINGS, L.L.C. STREET ADDRESS STREET ADDRESS 599 LEXINGTON AVE., SUITE 3800 CITY-ST-ZIP NEW YORK NY 10022 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete Change TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



7/11/00

972-443-6000

Date

Daytime Phone #