LIMITED LIABILITY COMPANY ANNUAL REPORT 1999  FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplements of State Scretary of State 99 ALG 18 PM12: 38 PMISION OF CORPORATIONS \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Malling Address of Limited Liability Company WESTBROOK CAPITAL, I. I. C. 599 LEXINGTON AVENUE, SUITE 3800 NEW YORK NY 10022  Principal Place of Business 22. Malling Address Suite, Apt. 8, etc.  22. Malling Address Suite, Apt. 8, etc.  City & State  City & State  City & State  City & State  7. Name and Address of Current Registered Agent  8. Name 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  Suite, Apt. 8, etc.  City Corporation Supplemental State of Florida Statutes, Pine Bove-named limited liability company submits his statement for the purpose of as registered digent, and accept the obligations  Signature  (Report Apert Acceptual Agents of Corporation Supplemental Agent Report Agent Acceptable)  Business Street Address State Only State and Edge Sole, Florida Statutes, Pine Bove-named limited liability company submits his statement for the purpose of as registered agent, and accept the obligations  Signature  (Report Agent Acceptual Agents of Pinet Report Agent Agent Agent Agent Agent Agent Agent Acceptual Agent Ag	
Summer and Marke Check Payable 7: ELORIDA DEPARTMENT OF STATE   Name and Malling Address of Country   NEW YORK NY 10022   NE	
1. Name and Malling Address of Current Registered Agent   Suite, Apt. #, etc.	
WESTBROOK CAPITAL, I. L. C. 599 LEXINGTON AVENUE, SUITE 3800 NEW YORK NY 10022  2 Principal Place of Business 2e. Mailing Address 3. Date Organized or Qualified 3e. State of Formatic 12/01/1997 DE  12/01/1997 DE  12/01/1997 DE  13-398 3806 6. Date of Last Report 13-398 3806 6. Date of Last Report 14/15/1998 7. Name and Address of Current Registered Agent 12/00 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  Street Address (P.O. Box Number is Not Acceptable)  Suite. Apt. #, etc.  City & State  2p	Ī
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   4. FEI Number   Appl   App	ITE
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   4. FEI Number   Appl   App	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	. [
City & State    City & State   City & State   Country   Zip   Country   Coun	
Country   Zip   Country	
7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent/Office  Name  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  Suite, Apl. #, etc.  City  City  FL  Zip Code  1. Suite, Apl. #, etc.  City  FL  Zip Code  1. 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 its registered agent, and accept the obligations.  SIGNATURE  (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when nemistating)  10. Title  Managing Members/Managers  DATE  (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when nemistating)  DATE  (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when nemistating)  MRGM KAZILIONIS, PAUL D  284 SOUTH BEACH ROAD  HOBE SOUND FL  MRGM WALTON, WILLIAM H III 599 LEXINGTON AVE., SUITE NEW YORK NY	Applicable Desired
7. Name and Address of Current Registered Agent Office  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  Suite, Apt. #, etc.  City  Lip 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 its registered office or registered agent, and accept the obligations.  SIGNATURE  (Registered Agent Accepting Appointment) (NOTE Registered Agent agent agent, and accept the Appliance Agent Accepting Appointment) (NOTE Registered Agent Agent Address)  Business Street Address  City, State and Zip Code  MGRM KAZILIONIS, PAUL D  284 SOUTH BEACH ROAD  HOBE SOUND FL  MRGM WALTON, WILLIAM H III 599 LEXINGTON AVE., SUITE NEW YORK NY  2110002370232  -08/25/39-01094-	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, etc.  City  Lip Code  Street Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, etc.  City  Lip Code  Street Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, etc.  City  Lip Code  Street Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, etc.  City  Lip Code  Street Address (P.O. Box Number is Not Acceptable)  DATE  (Registered Agent Acceptable)  DATE  (Registered Agent Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  DATE  (Registered Agent Acceptable)  DATE  (Registered Agent Acceptable)  DATE  (Registered Agent Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  DATE  (Registered Agent Acceptable)  (Registered Agent Acceptable)  DATE  (Registered Agent Acceptable)  (Registered Agent Acceptable)  DATE  (Registered	
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 apparance registered agent, and accept the obligations.  SIGNATURE  [Registered Agent Accepting Appointment] (NOTE Registered Agent signature required when reinstating)  10. Title Managing Members/Managers  Business Street Address  City, State and Zip Code  MGRM KAZILIONIS, PAUL D  284 SOUTH BEACH ROAD  HOBE SOUND FL  MRGM WALTON, WILLIAM H III 599 LEXINGTON AVE., SUITE NEW YORK NY  2000-297-0292  -08/25/3901094-	
(Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)  10. Title Managing Members/Managers Business Street Address City, State and Zip Code  MGRM KAZILIONIS, PAUL D 284 SOUTH BEACH ROAD HOBE SOUND FL  MRGM WALTON, WILLIAM H III 599 LEXINGTON AVE., SUITE NEW YORK NY  20002970292 -08/25/3901094-	changing pointment
MGRM KAZILIONIS, PAUL D  MRGM WALTON, WILLIAM H III  MRGM	
MRGM WALTON, WILLIAM H III 599 LEXINGTON AVE., SUITE NEW YORK NY 20002970292 -08/25/9901094-	
200002970292 -08/25/9901094-	
-08/25/9901094-	
	-016
11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the infindicated 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 managimited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10 attachment with an address.  Patrick K. Fox 2.14.49 472.434-06	er of the or on an

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## STATEMENT ATTACHED TO AND MADE PART DANNIE FLORIDA

## FLORIDA DEPARTMENT OF STATE

FOR WESTBROOK CAPITAL, L.L.C.

Mr. Patrick K. Fox, as legal counsel for the owner of Westbrook Capital, L.L.C., is authorized to execute this report.

Mr. Patrick K. Fox Westbrook Partners, LLC 13155 Noel Road, LB-54 Suite 2300 Dallas, Texas 75240 (972) 934-0100