

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012842 AF

DOCUMENT # M97000000791

1. Entity Name
WESTBROOK MEZZANINE, L.L.C.

00 APR 18 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
599 LEXINGTON AVE., SUITE 3800
NEW YORK NY 10022

Mailing Address
599 LEXINGTON AVE., SUITE 3800
NEW YORK NY 10022-6030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Mnm

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3984375

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM KAZILIONIS, PAUL D
STREET ADDRESS 284 SOUTH BEACH RD.
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM WALTON, WILLIAM H III
STREET ADDRESS 599 LEXINGTON AVE., SUITE 3800
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete
change address

TITLE NAME MGRM WALTON, WILLIAM H III
STREET ADDRESS ONE INDEPENDENT DRIVE, SUITE 1600
CITY-ST-ZIP JACKSONVILLE, FL 32202 ☒ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 feceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED Patrick K. Fox April 4, 2000 (972) 934-0100

CR2E083 (9/99)