

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M97000000791**

1. Entity Name

WESTBROOK MEZZANINE, L.L.C.**FILED**
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90080 048 ****50.00

Principal Place of Business

**599 LEXINGTON AVE., SUITE 3800
NEW YORK NY 10022**

Mailing Address

**599 LEXINGTON AVE., SUITE 3800
NEW YORK NY 10022**

2. Principal Place of Business

13155 Noel Road

3. Mailing Address

13155 Noel Road

Suite, Apt. #, etc.

Suite 2400

Suite, Apt. #, etc.

Suite 2400

City & State

Dallas, TX

City & State

Dallas, TX

Zip

75240

Country

USA

Zip

75240

Country

USA

4. FEI Number

13-3984375

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KAZILIONIS, PAUL D	
STREET ADDRESS	284 SOUTH BEACH RD. change street address	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WALTON, WILLIAM H III	
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	262 South Beach Road	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:**SIGNATURE REQUIRED****Patrick K. Fox****April 12, 2002****972 934 0100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)