

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0012660 AF

DOCUMENT # M97000000792

1. Entity Name

WESTBROOK RESIDENTIAL PARTNERS, L.L.C.

00 APR 18 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MOM

Principal Place of Business  
599 LEXINGTON AVENUE, STE. 3800  
NEW YORK NY 10022

Mailing Address  
599 LEXINGTON AVENUE, STE. 3800  
NEW YORK NY 10022-6030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3983980  
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  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 ROAD  
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 AVENUE, STE. 3800  
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete change address →

TITLE NAME MGRM WALTON, WILLIAM H III  
STREET ADDRESS ONE INDEPENDENT DRIVE, SUITE 1100  
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 500003238745-3  
STREET ADDRESS -05/04/00-01002-008  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ 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

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: PATRICK K. FOX  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

April 4, 2000 (972) 934-0100  
Date Daytime Phone #

CR2E081 19/99