

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

M97000000793

FILED
03 NOV -3 PM 3:17
TALLAHASSEE, FLORIDA

1. DOCUMENT # M97000000793

Name and Mailing Address

0016703 01 MB 0.309 **AUTO T1 0 0615 75240-501200



WESTBROOK HOTEL PARTNERS, L.L.C.

13155 NOEL ROAD

SUITE 2400

DALLAS TX 75240-5012

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2. New Mailing Address

1370 Avenue of the Americas, Suite 2800

City, State, Zip New York, NY 10019-4602

4. State/Country of Formation

DE

5. Date Organized or Qualified To Do Business in Florida

12/01/1997

Principal Place of Business

13155 NOEL ROAD

SUITE 2400

DALLAS TX 75240

3. New Principal Place of Business Address

1370 Avenue of the Americas, Suite 2800

City, State, Zip

New York, NY 10019-4602

6. FEI Number

13-3984376

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

1200 S. PINE ISLAND RD.

PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 11/3/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KAZILIONIS, PAUL D	262 SOUTH BEACH ROAD	HOBE SOUND FL 33455
MGRM	WALTON, WILLIAM H.	1 INDEPENDENT DRIVE, SUITE 1000	JACKSONVILLE FL 32202

REINSTATEMENT 2003

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Paul D. Kazilionis

Date 10/27/03

Daytime Phone # (617) 488-6102

Typed or printed name of signing Managing Member/Manager

Paul D. Kazilionis

CR2E084 (7/03)