

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000794

1. Entity Name  
WESTBROOK COMMERCIAL PARTNERS, L.L.C.

Principal Place of Business  
599 LEXINGTON AVENUE  
SUITE 3800  
NEW YORK NY 10022

Mailing Address  
599 LEXINGTON AVENUE  
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

Zip

Country

Zip

Country

4. FEI Number

13-3983803

Applied For

Not Applicable

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  
% 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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME 2000032386 ☐ Change ☐ Addition  
STREET ADDRESS -05/03/00--01148--024  
CITY- ST- ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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  
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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:

**SIGNATURE REQUIRED**  
Patrick K. Fox

April 4, 2000

Date

(972) 934-0100

Daytime Phone #

APPROVED  
AND  
FILED

00 APR 18 PM 3: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/99)