

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90115 034 ****50.00

DOCUMENT # M97000000795

1. Entity Name

WESTBROOK PARTNERS, L.L.C.

Principal Place of Business

Mailing Address

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

**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

4. FEI Number

13-3984372

Applied For

Not Applicable

Zip

75240

Country

USA

Zip

75240

Country

USA

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 KAZILIONIS, PAUL D
 284 S. BEACH RD.
 HOBE SOUND FL 33455** ☐ Delete *change address to:*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**262 South Beach Road
 Hobe Sound, FL 33455** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 WALTON, WILLIAM H III
 1 INDEPENDENT DRIVE, SUITE 1600
 JACKSONVILLE FL 32202** ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
☐ Change ☐ Addition

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]
SIGNATURE REQUIRED
Patrick R. Fox

July 17, 2002

472 934-0100

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

Date

Daytime Phone #

CR2E083 (4/02)