

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**M97000000797**

FILED  
03 NOV -3 PM 3:20  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M97000000797

Name and Mailing Address

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WESTBROOK RETAIL PARTNERS, L.L.C.

13155 NOEL RD.

SUITE 2400

DALLAS TX 75240-5012



BR

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	
Principal Place of Business 13155 NOEL RD. 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 13-3983981		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD TALLAHASSEE 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 <u>CONNIE BRYAN</u> <u>CONNIE BRYAN</u> SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN Date <u>11/3/03</u>			
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 S. BEACH RD.	HOBBS SOUND FL 33455
MGRM	WALTON, WILLIAM H III	1 INDEPENDENT DRIVE, SUITE 1600	JACKSONVILLE FL 32202
400024551174 11/10/03--01014--012 **155.00			
REINSTATEMENT 2003			

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

Date 10/27/03

Daytime Phone # (617) 488-6102

Typed or printed name of signing Member/Manager

Paul D. Kazilionis

CR2E084 (7/03)