

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000197

1. Entity Name

WP-VCP ST. AUGUSTINE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:21

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

59-9556652 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARRELL, MARK T
3030 HARTLEY ROAD, SUITE 100
JACKSONVILLE FL 32257

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

FILED

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS WESTBROOK REAL ESTATE CO. INVESTMENT
CITY- ST- ZIP 599 LEXINGTON AVENUE, SUITE 3800
NEW YORK NY 10022

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
600003300326-8
-06/22/00--01012--016
*****50.00 *****50.00

TITLE NAME MGRM
STREET ADDRESS WESTBROOK REAL ESTATE FUND III, L.P.
CITY- ST- ZIP 599 LEXINGTON AVENUE, SUITE 3800
NEW YORK NY 10022

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Patrick K. Fox

April 4, 2000

Date

(972) 934-0160

Daytime Phone #