

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000000197**

1. Entity Name

WP-VCP ST. AUGUSTINE, LLC

FILED

01 AUG 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**599 LEXINGTON AVENUE, SUITE 3800
NEW YORK NY 10022**

Mailing Address

**599 LEXINGTON AVENUE, SUITE 3800
NEW YORK NY 10022**

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

59-3556652

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

**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
Due By September 26, 2001**

**200004553032--4
-08/23/01--01081--012
*****50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

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

7/19/01

Date

Daytime Phone #

CR2E083 (5/01)