

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90079 002 ****50.00

DOCUMENT # M99000000197

1. Entity Name

WP-VCP ST. AUGUSTINE, LLC

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

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

Zip

75240

Country

USA

Zip

75240

Country

USA

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

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

7. Name and Address of New Registered Agent

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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** *change address*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **13155 Noel Road, Suite 2400**
 CITY-ST-ZIP **Dallas, TX 75240**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **13155 Noel Road, Suite 2400**
 CITY-ST-ZIP **Dallas, TX 75240**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 17, 2002

972 934 0100

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

Date

Daytime Phone #

CR2E083 (9/01)