

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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DOCUMENT # M99000000694

1. Entity Name  
WESTBROOK FOREST GLEN, L.L.C.

00 APR 18 PM 3:26

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 10022-6030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MDM

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3996394

Applied For  
Not Applicable

Zip Country

Zip Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
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CITY-ST-ZIP

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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 4, 2000 (972) 934-0100

(666) 130 1 23