

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

60 JUL 19 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000959

1. Entity Name

TERRABROOK JUPITER WOODS GP, L.L.C.

Principal Place of Business

3030 LBJ FREEWAY, SUITE 155, LB 6
DALLAS TX 75234

Mailing Address

3030 LBJ FREEWAY, SUITE 155, LB 6
DALLAS TX 75234

2. Principal Place of Business

599 Lexington Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 3800

City & State

New York, NY

City & State

4. FEI Number

75-2825919

Applied For

Not Applicable

Zip
10022

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WESTBROOK UNITED LAND INVESTMENTS, L.P.
STREET ADDRESS 3030 LBJ FREEWAY, SUITE 1500, LB 6
CITY-ST-ZIP DALLAS TX 75234

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 300003335223-5
STREET ADDRESS -07/25/00-01060-015
CITY-ST-ZIP *****50.00 *****50.00

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

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NAME
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
SCOTT H. RASKIN, SECRETARY

7/11/00

972-443-6000

Date

Daytime Phone #

CR2E083 (5/00)