

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

01 MAY 16 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001024

1. Entity Name

WESTBROOK LELY GOLF VILLAS I, L.L.C.

Principal Place of Business

Mailing Address

599 Lexington Avenue
Suite 3800
New York, NY 10022

599 Lexington Avenue
Suite 3800
New York, NY 10022

2. Principal Place of Business

3. Mailing Address

3030 LBJ Freeway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LB-6, Suite 1500

City & State

City & State

Dallas, TX

4. FEI Number

13-3993408

Applied For

Not Applicable

Zip

Country

Zip

Country

75234

USA

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

CT 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.

C. Morales

Special Asst. Secretary

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/MEMBERS

10. ADDITIONS/CHANGES

TITLE *MGR* Westbrook Real Estate ☒ Delete
NAME Fund II, L.P.
STREET ADDRESS 599 Lexington Avenue, Suite 3800
CITY-ST-ZIP New York, NY 10022

TITLE *MGR* Westbrook American Land ☒ Change ☐ Addition
NAME Investments, L.L.C.
STREET ADDRESS 599 Lexington Avenue, Suite 3800
CITY-ST-ZIP New York, NY 10022

TITLE *MGR* Westbrook Real Estate Co- ☒ Delete
NAME Investment Partnership II, L.P.
STREET ADDRESS 599 Lexington Avenue, Suite 3800
CITY-ST-ZIP New York, NY 10022

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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:

Scot H. Raskin

Scot: H. Raskin, Secretary May 8, 2001 972-443-6000

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

Date

Daytime Phone #

CR2E083 (11/00)