FILED

972-443-6000

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am DOCUMENT # M9900001024 **Secretary of State** 1. Entity Name 02-05-2002 90071 026 ****50 00 WESTBROOK LELY GOLF VILLAS I, L.L.C. Principal Place of Business Mailing Address 599 LEXINGTON AVE 599 LEXINGTON AVE **910924 SUITE 3800** SUITE 3800 NEW YORK NY 10022 NEW YORK NY 10022 2. Principal Place of Business 3. Mailing Address 3030 LBJ Freeway 3030 LBJ Freeway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1500 1500 City & State Applied For City & State 4. FEI Number 13-3993408 Not Applicable <u>Dallas, TX</u> <u>Dallas, TX</u> Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 75234 **USA** <u> 75234</u> USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM CR2E083 (9/01 TITLE Addition TITLE ☐ Delete WESTBROOK AMERICAN LAND INVESTMENTS, LLC NAME NAME STREET ADDRESS 599 LEXINGTON AVE, STE 3800 STREET ADDRESS 3030 LBJ Freeway, Suite 1500 CITY-ST-ZIP NEW YORK NY 10022 CITY-ST-ZIP Dallas, TX 75234 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

QUIREScott H. Raskin, Asst. Secretary OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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.

LELY GOLF VILLAS