FILED

2003 MAR 10 AM 10: 26

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001024

1. Entity Name

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



Principal Place of Business			Mailing Address				DIVISION OF CORPORATIONS					
3030 LBJ FREEWAY 1500			3030 LBJ FREEWAY 1500						ALLAH	IA22F	E, FLORID	Д
DALLAS TX 75234			DALLAS TX 75234				11131		1891 1891 1		ARON BERRI INDIA BEN	A INDIA DIA HEAL
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc. `			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Nur	nber	13-39934	408		Applied For Not Applicable	
Zip	Country		Zip	try	5. Certificate of Status De			tatus Desired	\$5.00 Additional			
	6. Name and Address of C	Surrent Regi					7. Name a	ind Add	iress of Nev	w Regist	ered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Name							
					Street A	ddress (P.	P.O. Box Nun	nber is N	Not Accepta	ible)		
				City						⊏ ∎ Zip C	nde	
2 The oboug		and for the			,				0:-1	- : :4-		
	named entity submits this state ions of registered agent.	ment for the	purpose of changing its i	registere	d office or	registere	ed agent, or	both, in	the State of	Florida.	I am familiar wii	th, and accept
SIGNATURE .												
	Signature, typed or printed name of register	red agent and title					when reinstating)	Т			DATE	
FILE NOW!!! Make Check Payable to F Due By M					EE IS \$1 orida Dep oy 1, 2003	50.00 partment 3	ा htofBhid	DD1 0703-	013 7 01073	733 }013	}374 3 **50.0	10
9.		MEMBERS/	/MANAGERS 10.					.1	ADDITION	NS/CHAI	NGES	
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I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF Raskin, Secretary

972-443-6000