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**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 JUN -9 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <u>P95000026718</u>	
1. Entity Name <u>West Bay Club Development Corporation</u>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>745 7th Avenue</u> <small>State, Apt. #, etc.</small> <u>Lehman Brothers Holdings</u> <small>City &amp; State</small> <u>New York, NY</u>		3. Mailing Address <u>745 7th Avenue</u> <small>State, Apt. #, etc.</small> <u>Lehman Brothers Holdings</u> <small>City &amp; State</small> <u>New York, NY</u>	
<small>Zip</small> <u>10019</u>	<small>Country</small> <u>USA</u>	<small>Zip</small> <u>10019</u>	<small>Country</small> <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FPI Number <u>65-0573262</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent		
	Name <u>Corporation Service Company</u>		
	Street Address (P.O. Box Number is Not Acceptable)		
	<u>1201 Hays Street</u>	City <u>Tallahassee</u>	FL Zip Code <u>32301-2607</u>

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. I am the officer and, and accept the obligations of registered agent.

SIGNATURE: Maria S. Reptogio **Maria S. Reptogio** as its agent 6/9/03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	PLEASE SEE ATTACHED	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	400020696034
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, and all other like employees.

SIGNATURE: Carmine A. Visone **Carmine A. Visone** 5/27/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0346 (12/02)

#995 000026778

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10.

Title	President
Name	Carmine A. Visone
Street Address	c/o Lehman Brothers, 399 Park Avenue
City, State & Zip	New York, NY 10022

Title	Vice President & Director
Name	Yon Cho
Street Address	c/o Lehman Brothers, 399 Park Avenue
City, State & Zip	New York, NY 10022

Title	Vice President, Secretary & Director
Name	David Broderick
Street Address	c/o Lehman Brothers, 399 Park Avenue
City, State & Zip	New York, NY 10022

Title	Vice President, Treasurer & Director
Name	Christopher McKenna
Street Address	c/o Lehman Brothers, 399 Park Avenue
City, State & Zip	New York, NY 10022

Title	Vice President
Name	Albert Picallo
Street Address	c/o Hatfield Philips, 140 Broadway, Suite 3403
City, State & Zip	New York, NY 10005

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 118453 4300123

AUTHORIZATION :

*Patricia Pizjut*

COST LIMIT : \$ 558.75

ORDER DATE : June 4, 2003

ORDER TIME : 2:29 PM

ORDER NO. : 118453-020

CUSTOMER NO: 4300123

CUSTOMER: Ms. Debbie Goldman  
Paul Hastings Janofsky &  
75 East 55th Street

New York, NY 10022-3205

CHANGE OF AGENT

NAME: WEST BAY CLUB DEVELOPMENT  
CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Mimi Replogle -- EXT# 1128

EXAMINER: \_\_\_\_\_

RECEIVED  
03 JUN -9 PM 3:35  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA