

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000339**

1. Entity Name  
**WESTPORT REALTY ADVISORS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 13 AM 10:34

Principal Place of Business 3801 PGA BLVD SUITE 805 PALM BEACH GARDENS FL 33410	Mailing Address 3801 PGA BLVD SUITE 805 PALM BEACH GARDENS FL 33410-2757
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0821359**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARY, JOHN W III**  
**701 U.S. HIGHWAY ONE, SUITE 402**  
**NORTH PALM BEACH FL 33408**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. ~~\$7,500.00~~ **348,000.00**      10. Amount of Capital Contributions in FLORIDA to date. **348,000.00**      11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>L99000000056</b> <b>WESTPORT ASSET MANAGEMENT, LLC</b> <b>3801 PGA BLVD SUITE 805</b> <b>PALM BEACH GARDENS FL 33410</b>	STREET ADDRESS CITY - ST - ZIP	<b>200003305532--6</b> <b>-06/27/00-01007--008</b> <b>***526.25 ***526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>FF 0526.25</b>
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **By S. [Signature]**      **WESTPORT ASSET MANAGEMENT, LLC**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date **4/7/00 (561) 624-1205**      Daytime Phone #