

2001 UNIFORM BUSINESS REPORT (UBR)

0007154 AF

DOCUMENT # A98000000339
 1. Entity Name
WESTPORT ADVISORS, LTD.

FILED
 01 MAY -1 PM 12:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
3801 PGA BLVD **3801 PGA BLVD**
SUITE 805 **SUITE 805**
PALM BEACH GARDENS FL 33410 **PALM BEACH GARDENS FL 33410**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number Applied For
65-0821359 Not Applicable

Zip Country Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GARY, JOHN W III
701 U.S. HIGHWAY ONE, SUITE 402
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent
 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 _____ (NOT Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$348,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT #	L99000000056
NAME	WESTPORT ASSET MANAGEMENT, LLC
STREET ADDRESS	3801 PGA BLVD SUITE 805
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
DOCUMENT #	
NAME	
STREET ADDRESS	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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: *[Signature]* President 4/30/01 (561) 624-1225
 By: *[Signature]* Date Daytime Phone #

CR2E003 (11/00)