


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # B00000000329	
1. Entity Name WESTPORT HOLDINGS PBG, LIMITED PARTNERSHIP	

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent LANDRY, LAWRENCE L 3801 PGA BLVD., SUITE 805 PALM BEACH GARDENS FL 33410
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FILED
04 MAY 20 PM 1:35
TALLAHASSEE FLORIDA
MJH

MOORE CR2E003 (11/03) 3/20

4. FEI Number 65-1059082
Applied For ☐ Not Applicable ☐

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

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. I am familiar with, and accept the obligations of registered agent.

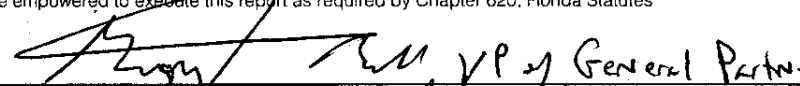
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$23,715,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	M00000002235	STREET ADDRESS	
NAME	WESTPORT HOLDINGS LA POSADA, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	3801 PGA BLVD., SUITE 805		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
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:  **VP of General Partner** 4/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____

STAPLE CHECK HERE