

105
B00000000331

315 Calhoun St. Suite 600

Address

Tallahassee, FL

City/State/Zip

425-5657

Phone #

(Connie)

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Westport Nursing Tampa, Limited Partnership
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

4:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status (2)

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

700003446057-9

-11/01/00--01001--002

****630.00 ****105.00

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☒ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

LP - 87.50
CERT 17.50

CR2F031(7/97)

Examiner's Initials

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Westport Nursing Tampa, Limited Partnership
(Name of limited partnership as it is in the home state)

2. N/A
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware 4. 10/19/00
(State of Formation) (Date of Formation)

5. Lawrence L. Landry
(Name of Registered Agent for Service of Process)

6. 3801 PGA Boulevard, Suite 805
(Street Address of Registered Office)

Palm Beach Gardens, Florida 33410
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

[Signature]
(Agent must sign on this line)

8. 1209 Orange Street
Wilmington, Delaware 19801
(Address of registered office required in state of formation, or if not required, address of principal office.)

9. Names of General Partners Street Address.

Westport Nursing University Village, L.L.C. 3801 PGA Blvd., Suite 805
L99000000339 Palm Beach Gardens, FL 33410

10. 3801 PGA Blvd., Suite 805, Palm Beach Gardens, Florida 33410
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

FILED
OCT 31 PM 4:39
SECRETARY OF STATE
ALLAHMEE, FLORIDA

12. 3801 PGA Boulevard, Suite 805

Palm Beach Gardens, Florida 33410

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 25 day of October, 2000.

WESTPORT NURSING UNIVERSITY VILLAGE, L.L.C.,

General Partner

By: Westport Advisors, Ltd., as its Manager

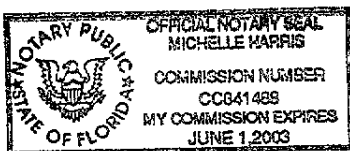
By: [Signature]

Lawrence L. Landry, as President of Double L Investments, Inc., a Texas corporation, which is Manager of Westport Asset Management, L.L.C., a Florida Limited Liability corporation, which is General Partner of Westport Advisors, Ltd., a Florida limited partnership.

State of Florida

County of Palm Beach

On this 25th day of October, 2000, **Lawrence L. Landry** personally appeared before me, who is personally known to me or whose identity I proved on the basis of _____



SEAL

[Signature]

(Notary Public Signature)

Michelle Harris

(Notary's Printed Name)

My Commission Expires: 4/1/02

FILED
OCT 31 PM 4:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED
PARTNERSHIP**

BEFORE ME the undersigned personally appeared Lawrence L. Landry of Westport Nursing
University Village, L.L.C., a general partner of Westport Nursing Tampa, a Delaware limited
partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 0.00.
2. The anticipated amount of capital contributions of the limited partners that are allocated for
the purpose of transacting business in Florida is \$ 0.00.

*Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*

Signed this 25 day of October, 2000.

**WESTPORT NURSING UNIVERSITY VILLAGE, L.L.C.,
General Partner
By: Westport Advisors, Ltd., as its Manager**

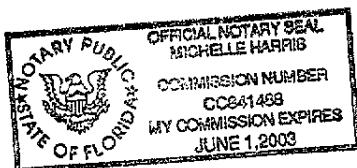
By: _____

Lawrence L. Landry, as President of Double L
Investments, Inc., a Texas corporation, which is
Manager of Westport Asset Management, L.L.C., a
Florida Limited Liability corporation, which is
General Partner of Westport Advisors, Ltd., a
Florida limited partnership.

State of Florida

County of Palm Beach

On this 25th day of October, 2000, **Lawrence L. Landry** personally
appeared before me, who is personally known to me or whose identify I proved
on the basis of _____.



SEAL

(Notary Public Signature)

Michelle Harris
(Notary's Printed Name)

My Commission Expires: 6/1/03

FILED
OCT 31 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA