

105  
**B00000000334**

5 S. O. ... Suite 600  
Address

Tallahassee, FL

City/State/Zip

425-~~5675~~ <sup>5657</sup> (Connie)

Phone #

Office Use Only

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

1. Westport Nursing Bradenton 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

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

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

CR2E031(7/97)

Examiner's Initials

FILED  
OCT 31 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6000003446056--2  
-11/01/00--01001--002  
\*\*\*630.00 \*\*\*105.00

LP - 87.50  
CERT 17.50

NR 10/71

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

1. Westport Nursing Bradenton, 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. 10/20/00  
(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 Freedom Village, L.L.C. 3801 PGA Blvd., Suite 805  
110000000231 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

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TALLAHASSEE, 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 FREEDOM VILLAGE, L.L.C.,**

**General Partner**

**By: Westport Advisors, Ltd., as its Manager**

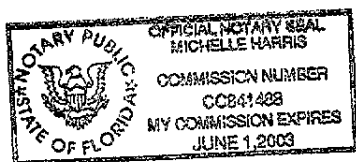
By: [Signature]

**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 25<sup>th</sup> 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

[Signature]  
(Notary Public Signature)

Michelle Harris  
(Notary's Printed Name)

My Commission Expires: 6/1/03

00 OCT 31 PM 4:46  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

BEFORE ME the undersigned personally appeared Lawrence L. Landry of Westport Nursing  
Freedom Village, L.L.C., a general partner of Westport Nursing Bradenton, **Limited Partnership**, 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.

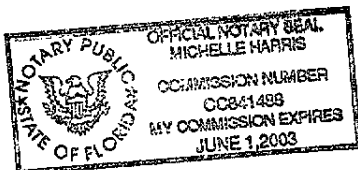
**WESTPORT NURSING FREEDOM VILLAGE, L.L.C.,**  
**General Partner**  
**By: Westport Advisors, Ltd., as its Manager**

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 25<sup>th</sup> 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

[Signature]  
(Notary Public Signature)  
Michelle Harris  
(Notary's Printed Name)

My Commission Expires: 4/1/03

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OCT 31 PM 4:48  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE