

2001 UNIFORM BUSINESS REPORT (UBR)

0007225 AF

DOCUMENT # B000000000334

1. Entity Name

WESTPORT NURSING BRADENTON, LIMITED PARTNERSHIP

FILED

01 MAY -1 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

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

LANDRY, LAWRENCE L
3801 PGA BLVD., SUITE 805
PALM BEACH GARDENS FL 33410

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$0.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # M00000002231
NAME WESTPORT NURSING FREEDOM VILLAGE, L.L.C.
STREET ADDRESS 3801 PGA BLVD., SUITE 805
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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

WESTPORT NURSING FREEDOM VILLAGE, L.L.C.
VP

4/30/01

561-624-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)