

# 2002 UNIFORM BUSINESS REPORT (UBR)

141.25

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**DOCUMENT #** B00000000334

**1. Entity Name**  
WESTPORT NURSING BRADENTON, LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

LR 5/17

02 MAY -2 PM 3:37

**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**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2002**  
65-1054086  
**APPLIED FOR**

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

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. **DATE** \_\_\_\_\_

**9. Capital Contributions** as Shown on record. **\$0.00** **10. Amount of Capital Contributions** in FLORIDA to date. **0** **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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M00000002231	STREET ADDRESS	
NAME	WESTPORT NURSING FREEDOM VILLAGE, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	3801 PGA BLVD., SUITE 805		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		
DOCUMENT #		STREET ADDRESS	600005577306--7
NAME		CITY-ST-ZIP	-05/21/02--01050--009
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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:** *[Signature]* **SIGNATURE REQUIRED** *Authorized signer* **4/22/02**

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

CR2E003 (9/01)