2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED SECRETARY OF STATE DIVISION OF CONTRACTIONS **DOCUMENT # B01000000097** THE SAUGATUCK FUND, L.P. 04 APR 26 PM 1:42 Mailing Address Principal Place of Business 1209 ORANGE STREET 301 YAMATO ROAD, SUITE 2200 WILMINGTON, DE 19801 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022004 Chq-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 06-1525776 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAIGA, PAUL WEBSter, Kenneth, s. Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO ROAD, SUITE 2200 BOCA RATON, FL 33431 City 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 Kruneth 5- Webster, Treasu 9. Capital Contributions 10. Amount of Capital Contributions \$20,750,000,00 in FLORIDA to date. as Shown on record. 526.25 20,750,000.00 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 P01000070241 DOCUMENT # STREET ADDRESS WESTPORT CAPITAL MANAGEMENT CORP. NAME 301 YAMATO ROAD, SUITE 2200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP . <u>500034827215</u> 04/30/04--01027--019 **526.25 CITY+ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOCUMENT A STREET ADDRESS NAM/ STREET ADDRESS CITY-ST-ZIP 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

Treasur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER