## B9800000685

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S. HAWKES

APR 1 6 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJECT: Was tont Senior	wing forest ment Fund up
(Name of Limited Partnership or Limited Lia	bility Limited Partnership)
DOCUMENT NUMBER: B9800000	0685
The enclosed Statement of Change of Registered Off fee(s) are submitted for filing.	ice and/or Registered Agent and
Please return all correspondence concerning this mat	ter to:
John Gary	
(Contact Person)	
Gary Dutruch & Ru	an
(Firm/Company)	
701 US. Highway One.	Suite 402
North Palm Beach, FL3	3408
(City, State and Zip Code)	<u>5 10</u> 8
For further information concerning this matter, pleas	e call·
	61,624-1225
(Name of Contact Person) (Ar	ea Code and Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Flor	ida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
	Division of Corporations
· ·	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
1 ananassee, 1 L J2501	

INHS04 (01/06)

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Westport Senior Living Investment Fund, LP Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/4/1998 Date of filing/registration in Florida  3. R98 000 000 685 Florida document number
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Lawrence Llandry  Name  3801 P6-A Blvd. S. 805
Palm Beach Gardens, Fz 33410 2000 City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:  Gary, Dytrych & Ryan P.A.
Name Name Name Name Name Name Name Name
North Palm Beach FL 33408 City, State and Zip
6. Such change(s) is/are effective when filed by the Florida Department of State.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

Signature of Registered Agent

Signature of General Partner

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50