

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000009337

1. Entity Name
WESTPORT-NIEMANN HOMES, L.L.C.



Principal Place of Business
27299 RIVERVIEW CENTER BLVD
SUITE 102
BONITA SPRINGS, FL 34134

Mailing Address
27299 RIVERVIEW CENTER BLVD
SUITE 102
BONITA SPRINGS, FL 34134



04072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3665927

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINER, STEVEN I
2320 FIRST STREET
FT. MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000310402
04/18/05-80003-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
REINERT, KIRT A
27299 RIVERVIEW CENTER BLVD, #102
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOLING, STEPHEN W
27299 RIVERVIEW CENTER BLVD #102
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

KIRT A. REINERT

12-APR-2005

Date

239.747.9355

Daytime Phone #