


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90048 001 ***850.00

DOCUMENT # L02000012702															
1. Entity Name WESTPORT VILLAGES, LLC															
Principal Place of Business 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119			Mailing Address 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119												
2. Principal Place of Business 2379 Beville Road		3. Mailing Address 2379 Beville Road													
Suite, Apt. #, etc.		Suite, Apt. #, etc.													
City & State Daytona Beach, Florida		City & State Daytona Beach, Florida		4. FEI Number 57-0427226											
Zip 32119		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required											
6. Name and Address of Current Registered Agent JONES, CYNTHIA C 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2" style="padding: 2px;">Name</td></tr> <tr><td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td colspan="2" style="padding: 2px;">2379 Beville Road</td></tr> <tr><td colspan="2" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		2379 Beville Road				City	FL Zip Code
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Street Address (P.O. Box Number is Not Acceptable)															
2379 Beville Road															
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. I am familiar with, and accept the obligations of registered agent.															
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____															
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State													
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES												
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME	MONTGOMERY LAND COMPANY		NAME												
STREET ADDRESS	13400 SUTTON PARK DRIVE SOUTH SUITE 1402		STREET ADDRESS												
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP												
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME	MHK OF VOLUSIA COUNTY, INC.		NAME												
STREET ADDRESS	2359 BEVILLE ROAD		STREET ADDRESS	2379 Beville Road											
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP												
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME			NAME												
STREET ADDRESS			STREET ADDRESS												
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CITY-ST-ZIP			CITY-ST-ZIP												
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.															
By: MHK of Volusia County, Inc., its Managing Member															
SIGNATURE: <i>Cynthia C. Jones</i>			Cynthia C. Jones, President 4/11/05 386-788-0820												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #										