2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DOCUMENT # L98000002683 00 APR 22 AM 9: 54 1. Entity Name WESTPORT HOLDINGS BRADENTON, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 3801 PGA BOULEVARD, SUITE 805 3801 PGA BOULEVARD, SUITE 805 PALM BEACH GARDENS FL 33410-2757 PALM BEACH GARDENS FL 33410 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. monApplied For City & State 4. FEI Number City & State 65-0874634 Not Applicable Zip Country \$5.00 Additional \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANDRY, LAWRENCE L Street Address (P.O. Box Number is Not Acceptable) 3801 PGA BOULEVARD, SUITE 805 PALM BEACH GARDENS FL 33410 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS'/CHANGES MANAGING MEMBERS/MEMBERS 10. Change Addition | Delate TITLE MGR TITLE NAME WESTPORT REALTY ADVISORS, LTD. MAMF STREET ADDRESS 900003245679--1 -05/09/00--01123--009 STREET ADDRESS 3801 PGA BOULEVARD, SUITE 805 CITY-81-ZIP CITY- ST- ZIP PALM BEACH GARDENS FL 33410 ENGINEERS | Delitton *****50.00 TITLE Delete MAME NAME STREET ARRESS STREET ADDRESS CITY - ST- ZIP CITY-81-21P - 🗀 Addition Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-ZIP TITLE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY- ST- ZIP ☐ Change Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- \$T-ZIP CITY- 87-71P 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.

APPROVED

(561)624-1225