File on or before May 1, 1999 or Limited Liability Company will be

subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY A FLORIDA DEPARTMENT OF STATE **Katherine Harris** FILED **ANNUAL REPORT** Secretary of State 1999 **DIVISION OF CORPORATIONS** 00 MAR 29 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SPORETARY OF STATE \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 1.98000002684** 1a. Principal Place of Business Address WESTPORT HOLDINGS TAMPA, L.L.C. 3801 PGA BOULEVARD, SUITE 805 3801 PGA BOULEVARD, SUITE 80 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 11/10/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable *65-087463*3 5. Date of Last Report 6. Certificate of Status Desired Country ZiD Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office LANDRY, LAWRENCE L 3801 PGA BOULEVARD, SUITE 805 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE __ DATE (Registered Agent Accepting Applicational). (NOTE: Registered Agent signal increspince where remaining). **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers PALM BEACH GARDENS F MGR WESTPORT REALTY ADVISO 3801 PGA BOULEVARD, SUITE 7daan2882217--\$ -84707/99---01077---004 ****188.75 ****188.75

11 Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: 17

SIGNATURE AND TYPE DOB PRINTED AME OF STORING MALAGINA I MIRBIT CHEMITAGEN

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