2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000000340

1. Entity Name
WESTPORT NURSING BRADENTON, L.L.C.

Principal Place of Business	Mailing Address
3801 PGA BLVD., SUITE 805	6501 17TH AVENUE WEST
PALM BEACH GARDENS, FL 33410	BRADENTON, FL 34209

DO NOT WRITE IN THIS SPACE

03292004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-0888175	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LANDRY, LAWRENCE L
3801 PGA BLVD., SUITE 805
PALM BEACH GARDENS, FL 33410

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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, 2004

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WESTPORT REALTY ADVISORS, LTD.
STREET ADDRESS	3801 PGA BLVD., SUITE 805
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

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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: _____ , Vice President   4/14/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #