

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 15 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000002414

1. Entity Name

WESTPORT HOLDINGS TAMPA II, L.L.C.

Principal Place of Business

3801 PGA BOULEVARD, SUITE 805
PALM BEACH GARDENS FL 33410

Mailing Address

3801 PGA BOULEVARD, SUITE 805
PALM BEACH GARDENS FL 33410-2757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1559985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

NAME	MGR WESTPORT REALTY ADVISORS, LTD. 3801 PGA BOULEVARD, SUITE 805 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
STREET ADDRESS		<input type="checkbox"/> Delete
CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		<input type="checkbox"/> Delete
CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Delete
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CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		<input type="checkbox"/> Delete
CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: By: *Lawrence Landry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-13-2000 54-624-1225
Date Daytime Phone #

CP2E083 (9/99)