2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000002232

Entity Name

WESTPORT HOLDINGS UNIVERSITY VILLAGE, L.L.C.



FILED Mar 27, 2008 08:00 AN Secretary of State

Principal Place of Business

C/O UNIVERSITY VILLAGE 12250 N. 22ND ST. TAMPA, FL 33612 Mailing Address

3801 PGA BLVD., STE. 805 PALM BEACH GARDENS, FL 33410



DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number		Applied For
65-1059089		 Not Applicable
5. Certificate of Status Desired	\$5.0	Additional

6. Name and Address of Current Registered Agent

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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typic or private name of registered agent and the / applicable. (NOTE: Registered Agent agenture recurses when recotating) PILE NOWNII FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75 UCODD0872281 9. MANAGING MEMBERS/MANAGERS TITLE MGRM WESTPORT ADVISORS, LTD. 3801 PGA BLVD., STE. 805 PALM BEACH GARDENS, FL 33410 TITLE NAME STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS STRET ADR	3801 PGA	LAWRENCE L BLVD., STE. 805 ACH GARDENS, FL 33410	DO NOT WRITE IN THIS SPACE
Signature, Typed or primed name of registered agent and tiles it applicable. (NOTE: Registered Agent algorithus required syrent remotative) DATE	the obligat		registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
### ### ### ### ### ### ### ### ### ##	SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE	E: Registered Agent signature required when reinstating) DATE
TITLE MGRM WESTPORT ADVISORS, LTD. SIREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T		/ 1, 2008 Fee will be \$538.75	U00000872281
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NAME	NAME STREET ADDRESS		
CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Fiorida Statutes, I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	portify that the information rupplied with this filling steep and a will to	as the avamption posteriord in Chapter 110 Floride Chapter 140 Hugher posts, 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: Jacky			1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN	G MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #