FILED May 22, 2002 8:00 am secretary of State 05-22-2002 90067 009 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

M00000002233 **DOCUMENT #**

WESTPORT NURSING UNIVERSITY VILLAGE, L.L.C.

	\supset						
Principal Place of Business	Mailing Address						
3801 PGA BLVD STE. 805 PALM BEACH GARDENS FL 33410	3801 PGA BLVD STE. 805 PALM BEACH GARDENS FL 33410						
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State	•					

2. Principal Place of Business 3.		3. Mailing A	Mailing Address Suite, Apt. #, etc.				? ###################################						
Suite, Apt. #, etc. S						Suite, Ap		DO NOT WRITE IN THIS SPACE					
City & State C				ity & State			4. FEIN	lumber	65-1059	9093		Applied For Not Applicat	ble .
Zip Country Z				ip Country			5. Certi	5. Certificate of Status Desired					
	6. Name	and Address of Curre	ent Registered Ag	red Agent			7. Nam	7. Name and Address of New Registered Agent					
						Name				3		· · · · · ·	
LANDRY, LAWRENCE L 3801 PGA BLVD., STE. 805 PALM BEACH GARDENS FL 33410				Street			ress (P.O. Box Number is Not Acceptable)						
						City					FL Zip C	ode	-
• The shave	named satis		A fa - N	£ -1	l								_
o, the above	named entit	y submits this statemen	t for the purpose o	r changing its	registere	a office or regi	stered agent,	or both, in	the State o	Florida.			
CIONIATURE													
SIGNATURE .	Signature, typed	or printed name of registered ag	gent and title if applicable.	(NOTI	E: Registered	Agent signature req	uired when reinstati	ng)			ATÉ		- }
· - ·													
			Bank			EE IS \$50.0							
			Mak			Departmen	it of State						
					евума	y 1, 2002	i						İ
9.		IBERS/MANAGER	ANAGERS 10.					ADDITIO	NS/CHAN	GES			
TITLE	M.		[☐ Defete	TITLE				,		☐ Chang	e 🔲 Additio	on i
NAME	WESTPO	RT ADVISORS, LTD			NAME							_	
STREET ADDRESS	3801 PG	A BLVD., STE. 805			STREE	T ADDRESS							- 13
CITY-ST-ZIP		EACH GARDENS FL	33410		CITY-	ST-ZIP							H
TITLE				☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·			Chang	e 🔲 Additio	an i
NAME					NAME								} .
STREET ADDRESS					STREE	T ADDRESS							ł
CITY-ST-ZIP					CITY-S	ST-ZIP							
TITLE				Delete	TITLE						: Change	e 🔲 Additio	
NAME .					NAME							י בין המטונות	"1
TREET ADDRESS						T ADDRESS							1
CITY-ST-ZIP					CITY-S								
ITLE				 □ Delete	TITLE								_
IAME			L	T Delete	NAME	ľ					Change	e 🔲 Additio	ן חנ
TREET ADDRESS						ADDRESS							1
CITY-ST-ZIP					CiTY-S								
)T) E			·	7	_		<u> </u>						
itle Iame			L	∟i Delete	TITLE						☐ Change	Additio	in
TREET ADDRESS					NAME	ADDRESS							ł
SITY-ST-ZIP					CITY-S	l							1
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			. 417							_
ITLE			L	☑ Delete	TITLE	1					☐ Change	Additio	n [
IAME					NAME								-
TREET ADDRESS			-		1	ADDRESS	•						
ITY-ST-ZIP					CITY-S	T-ZIP I							1

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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #