## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # M00000002234**

1. Entity Name

WESTPORT HOLDINGS HIDDEN SPRINGS, L.L.C.



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

Principal Place of Business

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

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



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1059087	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

# DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity s</li></ol>	submits this statement for the purpose of changin	g its registered office or registered	agent, or both, in the State of Florida.	i am familiar with, and accept
the obligations of register		• •	,	
CIONIATI IDE .				

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 \$138.75 After May 1, 2008 Fee will be \$538.75

U00000872285 04/10/08~80030~018 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WESTPORT ADVISORS, LTD.
STREET ADDRESS	3801 PGA BLVD., STE. 805
CITY-ST-7IP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	•
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY+ST-ZIP	
44 I boroby	cortify that the information evanding with this filling does not qualify for the

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #