


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000000520 1. Entity Name WESTPORT-NML VENTURE, LLC	
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Principal Place of Business 2424 S.E. BRISTOL STREET #250 NEWPORT BEACH, CA 92660	Mailing Address U2424 S.E. BRISTOL STREET #250 NEWPORT BEACH, CA 92660
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DO NOT WRITE IN THIS SPACE



04212008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3913096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM THE NORTHWESTERN MUTUAL LIFE INS. CO. 720 EAST WISCONSIN AVE. MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WESTPORT PROPERTIES, INC. 2424 S.E. BRISTOL STREET, #250 NEWPORT BEACH, CA 92660
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11. I hereby certify that the information supplied with this filing 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:  **Phyllis Cheng, Sr. Accountant 4/21/08 (949) 428-7070**

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