## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED May 04, 2004 08:00 AM Secretary of State

DOCUMENT # A06577  1. Entity Name WORTH AVENUE ASSOCIATES, LTD.						Secretary of State			
Principal Place of Business C/O THE GOODMAN COMPANY 777 S. FLAGLER DRIVE SUITE 1101E WEST PALM BEACH, FL 33401				Mailing Address C/O THE GOODMAN COMPANY 777 S. FLAGLER DRIVE SUITE 1101E WEST PALM BEACH, FL 33401				1877 <b>- 1</b> 1187 - 21117 - 1871 1881	(1 1187) 1197, 1187, 1187, 1187, 1187, 1187, 1187, 1187, 1187, 1187, 1187, 1187, 1187, 1187, 1187, 1187, 1187,
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. # etc				Suite, Apt. #, etc			01292004	Chg-LP	CR2E003 (10/03)
City & State			(	City & State			4. FEI Numbe 23-2078		Applied For Not Applicable
2 <sub>ip</sub>	p Gountry		2	Zip Cou		itry	5. Certificate of Status Desired S8.75 Additional Fee Required		
	ered Agent		Name	7. Name and	Address of New F	Registered Agent			
SHEWALTER, WILLIAM A % THE GOODMAN COMPANY 777 SOUTH FLAGLER DR., SUITE 1101E WEST PALM BEACH, FL 33401						Street Address (P O Box Number is Not Acce			e)
						City			FL Zip Code
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 Signature: typed or printed name of registered agent and tide # applicable DATE									
Signature: typed or purised name of registered agent and tide if applicable  9. Capital Contributions as Shown on record \$5,733,617.00  10. Amount of Capital Contributions in FLORIDA to date 5,733,617									
		NERAL PARTNER General Partners M	AY NO	S A BUSINESS E T be changed on	NTITY M	UST BE REGIST	TERED AND A	d to change a g	eneral partner.
12. GENERAL PARTNER INFORMATION  000ument / L98000001831					13.			ADDRESS CH	ANGES ONLY
NAME STREET ADDRESS						ET ADDRESS			
CITY-ST-ZIP	77, ( 7, 2, 1, 1, 2, 2, 1, 1, 1, 2, 2, 1, 1, 1, 2, 2, 1, 1, 1, 2, 2, 1, 1, 1, 2, 2, 1, 2, 1, 2, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,				City	-SI-ZIP	U00000159679 		
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CITY-ST-ZIP			sha shi tir			-SI-ZIP	-b	A Placial District	
14. I hereby certify that the information supplied with this filling does not quality 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 General Partner of the limited partnership or the reqeiver of trustee empowered to execute this report as required by Chapter 620 Florida Statutes. Inc., its manager									
SIGNATURE: Will William William SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER							4/	130/04	561-833-3777

William A. Shewalter, Vice President