

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A06577**

1. Entity Name  
**WORTH AVENUE ASSOCIATES, LTD.**



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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232008

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

**23-2078885**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEWALTER, WILLIAM A  
% THE GOODMAN COMPANY  
777 SOUTH FLAGLER DR., SUITE 1101E  
WEST PALM BEACH, FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L98000001831**  
NAME **ESPLANADE GP LLC**  
STREET ADDRESS **777 S. FLAGLER DR.**  
CITY-ST-ZIP **W. PALM BEACH, FL 33401**

STREET ADDRESS

CITY-ST-ZIP

**000000946419**  
**05/30/08-80048-007 508.75**

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the manager of the limited partnership, and I am authorized to execute this report as required by Chapter 600, Florida Statutes.

**Esplanade GP LLC, general partner, by Goodman Properties Inc., its manager**

**SIGNATURE:**

**William A. Shewalter**  
**William A. Shewalter, Vice President**

**April 24, 2008**

**561-833-3777**

Date

Daytime Phone #