

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008014 AV

DOCUMENT # **A06577**



**FILED**

03 MAY -6 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$5,733,617.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$5,733,617.00**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP  
**200018297512**  
**05/06/03--01070--024 \*\*535.00**

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

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

SIGNATURE: *William A Shewalter*

*(561) 833-3777*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*William A Shewalter Vice President*

CRZE003 (10/02)

STAPLE CHECK HERE