200	1 UNIFO	RM BUSI	NESS REPO)RT	(UB	R)				
DOCU 1. Entity Na	JMENT #	A9800	0001878			. <u> </u>		•	1	
151 WORTH AVENUE PARTNERSHIP, LTD.							FIL	ED		
Principal Place of Business Mailing Address						01	I - YAM	PN 12: 32		
C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE. SUITE 1101E WEST PALM BEACH FL 33401 C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DF WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401				ive. Suite	E 1101E	S TA	ECRETARY LLAHASSE	E, FLORIDA	11 40 114 11 211 40	180 11000 (11 ⁰ 11) 2010 (1011 1014)
Principal Place of Business 3. Mailing Address						· · ·				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Numbe			Applied For	
Zip	Country		Zip	Country		<u> </u>	5. Certificate	23-1981416 of Status Desired		Not Applicable 8.75 Additional
6. Name and Address of Current Registered Agent							7. Name and	Address of New Re	/\ F	ee Required gent
SHEWALTER, WILLIAM C/O THE GOODMAN COMPANY					Name					,
					Street A	ddress (F	P.O. Box Numbe	r is Not Acceptable)		•
777 SOUTH FLAGLER DRIVE									•	
WEST PALM BEACH FL 33401				ľ	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.										
SIGNATURE	Signature typed or printed	name of registered agent and	title if englicable (NOT	Registered	Anent eignati	ro roquired	when reinstating)		DATE	
9. Capital Contributions as Shown on record. \$8,535,707.00 10. Amount of Capit II in FLORIDA to dist							35,707	11. MAKE CHECK	PAYABLE T	O DEPT. OF S
	A GENER NOTE: Gene	RAL PARTNER TH	AT IS A BUSINESS EN NOT be changed on ti	rity MU e form;	ST BE F	REGIST	ERED AND A	CTIVE WITH THIS	OFFICE.	er.
12. GENERAL PARTNER INFORMATION								ADDRESS CHA	<u>-</u>	
DOCUMENT # NAME	L98000001303 NORTH WORTH	щс		STREET	STREET ADDRESS			. yk.41h.		
STREET ADDRESS CITY-ST-ZIP	777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401			CITY-S	iT-ZIP					
DOCUMENT # NAME				STREET	ADDRES\$					
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP		8	00004 -05/17	2 4 3	3187 1129034	
DOCUMENT # NAME				STREET	STREET ADDRESS			****5	35.00	****535.00
STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP					
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STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP	•				
DOCUMENT # NAME				STREET	ADDRESS					
STREET ADDRESS.	<u>`-</u>			CITY-\$1	r-ZiP		-			
DOCUMENT # NAME			••	STREET	ADDRESS				•	1
STREET ADDRESS CITY-ST-ZIP	ITY-ST-ZIP				-ZIP					:
14. I hereby condicated the receive	ertify that the information this report is true error trustee empower.	ation supplied with this and accurate and tha	s filing does not qualify for t my signature shall have to port as required by Chapte	he exemp	otion state	d in Sect	tion 119.07(3)(i), de under oath; t	Florida Statutes. I fo hat I am a General F	urther certify Partner of the	that the information e limited partnership or

NORTH WORTH LLC, general partner, by Goodman Properties, Inc., its manager WITTIAM, TO PRESIDENT AND COLORS FROM SARTHER PRESIDENT. SIGNATURE: 561-833-3777