


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
May 16, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # A98000001878**  
1. Entity Name  
151 WORTH AVENUE PARTNERSHIP, LTD.



Principal Place of Business: C/O THE GOODMAN COMPANY, 777 SOUTH FLAGLER DRIVE, SUITE 1101E, WEST PALM BEACH, FL 33401  
Mailing Address: C/O THE GOODMAN COMPANY, 777 SOUTH FLAGLER DRIVE, SUITE 1101E, WEST PALM BEACH, FL 33401

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country



04142005 Chg-LP CR2E003 (10/03)

4. FEI Number: 23-1981416  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SHEWALTER, WILLIAM  
C/O THE GOODMAN COMPANY  
777 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent  
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 file if applicable.

9. Capital Contributions as Shown on record: \$8,535,707.00  
10. Amount of Capital Contributions in FLORIDA to date: 8,535,707

**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 #	L98000001303	STREET ADDRESS	
NAME	NORTH WORTH LLC	CITY-ST-ZIP	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #		STREET ADDRESS	000000366533
NAME		CITY-ST-ZIP	05/16/05-80008-010 535.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 provided by Chapter 620, Florida Statutes.

**SIGNATURE:** *William A. Shewalter* **4/30/05** **561-833-3777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

William A. Shewalter, Vice President