	<u> </u>					
DOCUMENT # A9900000432 1. Entity Name						
HARCLAND HOLDING LTD.					FILED	
					00 MAY -4 PM 4: 2	0
Principal Place of Business Mailing Address C/O THE GOODMAN COMPANY C/O THE GOODMAN COMPANY						
C/O THE GOODMAN COMPANY C/O THE GOODMAN COMPA 777 SOUTH FLAGLER DRIVE. SUITE_1104 777 SOUTH FLAGLER DRIVE				E1104	SEGRETARY OF STATALLAHASSEE, FLOR	iDΑ
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401					THE STATE OF THE SAME SAME SAME SAME SAME SAME SAME SAM	AENIJ ABIJA ARIJA RIPER IJAJE IJAJ 1881
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2. Principal Place of Business 3. Mailing Address					1 (5)1044 1040 10110 10411 30114 10411	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite JUITE /			101	1E	DO NOT WRITE IN THIS SPACE	
City & State	City & State City & State				4. FEI Number	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 Registe	
				Name		
SHEWALTER, WILLIAM A				Street Address (P.O. Box Number is Not Acceptable)		
C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1104			}			
WEST PALM BEACH FL 33401			}	City FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its re	egistere	d office or register	ed agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
9. Capital Contributions \$199.00 10. Amount of Capital Contributions 199.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE						
as Shown	on record.	in FLORIDA to dat		177	· • • • • • • • • • • • • • • • • • • •	DE 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 CHANGE	SONLY
DOCUMENT# NAME	L99000001505 HARCLAND HOLDING GP LLC 777 SOUTH FLAGLER DRIVE, SUITE 1104			T ADDRESS		į
STREET ADDRESS				CITY-ST-ZIP		
CITY-ST-ZIP	WEST PALM BEACH FL 33401					
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STREET ADDRESS	ADDRESS .					
CITY-ST-ZIP				ST-ZIP	·	
indicated	I on this report is true and accurate and	that my signature shall have th	ie same	legal effect as if m	oction 119.07(3)(i), Florida Statutes. I furth nade under oath; that I am a General Part	her of the limited partnership of I
the receiv	ver or trustee empowered to execute this	s report as required by Unapte	1 0 ZU, F	ONDER STATE	PARAMETERS LAW ITE MA	

THE AND TYPED OR THINKED NAME OF SIGNING GENERAL PROTIET RESIDENT

(561) 833-377

Date