| ~~~   | IMPORT       | <b>BUSINESS</b> |        |                |
|-------|--------------|-----------------|--------|----------------|
| 76667 |              | RIIGINEGE       | REDUCT |                |
| 2001  | UITIF UNIT   | DUSHILLSS       | nervni | .uun           |
|       | <del>-</del> |                 |        | <b>1</b> — — / |

| HARCLAND HOLDING LTD. FILED  | ₹п                            |  |  |  |  |
|--|-------------------------------|--|--|--|--|
|  |                               |  |  |  |  |
| Principal Place of Business Mailing Address 01 NAY - 1 PN 12: 32   |                               |  |  |  |  |
| C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE. SUITE 1101E 777 SOUTH FLAGLER DRIVE. SUITE 1101E WEST PALM BEACH FL 33401  C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DR.VE. SUITE 1101E WEST PALM BEACH FL 33401  SECRETARY OF STATE TALL AHASSEE FLORIDA   | SECRETARY OF STATE            |  |  |  |  |
| 2. Principal Place of Business 3. Mailing Address  | 90  {   <b> </b>              |  |  |  |  |
| Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  | 1                             |  |  |  |  |
| City & State         4. FEI Number           65-0998304         -  | Applied For<br>Not Applicable |  |  |  |  |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Fee Requ   | Additional<br>ired            |  |  |  |  |
| 6. Name and Address of Current Registered Agent  Name  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 C  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.   | ode                           |  |  |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.  |                               |  |  |  |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)  DATE  AND SIGNATURE  OF THE STATE OF TH | OF STATE                      |  |  |  |  |
| 9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to caste. \$199.00  11. MAKE CHECK PAYABLE TO DEPT SEE REVERSE SIDE FOR FEE INITIAL CONTRIBUTIONS.  |                               |  |  |  |  |
| A GENERAL PARTNER THAT IS A BUSINESS EN FITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12 GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY   |                               |  |  |  |  |
| DOCUMENT / L99000001505 STREET ADDRESS   | <u></u>                       |  |  |  |  |
| NAME HARCLAND HOLDING GP LLC  STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401  | )<br>CRZE003 (11/00)          |  |  |  |  |
| DOCUMENT / STREET ADDRESS STREET ADDRESS   | ; <u> </u>                    |  |  |  |  |
| STREET ADDRESS   -05/18/011111/5U  | -015<br>150.00                |  |  |  |  |
| DOCUMENT # NAME  STREET ADDRESS  |                               |  |  |  |  |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   |                               |  |  |  |  |
| DOCUMENT   STREET ADDRESS  NAME  |                               |  |  |  |  |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   |                               |  |  |  |  |
| DOCUMENT # STREET ADDRESS  NAME  |                               |  |  |  |  |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   |                               |  |  |  |  |
| DOCUMENT # STREET ADDRESS STREET ADDRESS   |                               |  |  |  |  |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   |                               |  |  |  |  |
| 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 invisignature 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 Chap er 620, Florida Statutes  HARCLAND HOLDING CP LVC General partner, by: Goodman Properties, Inc., its manager   |                               |  |  |  |  |
| SIGNATURE:  SIGNAT |                               |  |  |  |  |