2002 UNIFORM BUSINESS REPORT (UBR)

A99000000432 FILED DOCUMENT # 1. Entity Name 02 MAY -6 AM 10: 11 HARCLAND HOLDING LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O THE GOODMAN COMPANY C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101E 777 SOUTH FLAGLER DRIVE. SUITE 1101E WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For City & State City & State 4. FEI Number 65-0998304 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 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 Zip Code FL 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 it applicable. 11. MAKE CHECK PAYABLE TO DEPT, OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$199.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. L99000001505 DOCUMENT # STREET ADDRESS HARCLAND HOLDING GP LLC NAME 777 SOUTH FLAGLER DRIVE, SUITE 1104 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS ****150.80 ****150.00 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 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 petree, by Goodnan Properties, Inc, its manager