

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B96000000487

1. Entity Name

WORTHINGTON APARTMENTS LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1112 SOUTH MAGNOLIA DR.
Suite, Apt. #, etc.

3. Mailing Address

3190 NORTHEAST EXPRESSWAY
Suite, Apt. #, etc.

SUITE 410

City & State

TALLAHASSEE, FL

City & State

ATLANTA, GA

Zip

32301

Country

USA

Zip

30341

Country

USA

DUE BY MAY 1

4. FEI Number

58-2273761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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 applicable.

DATE

9. Capital Contributions
as Shown on record.

1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE 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

DOCUMENT # F96000006318
NAME DB GENERAL PARTNER, INC.
STREET ADDRESS 3190 NORTHEAST EXPRESSWAY,
CITY-ST-ZIP SUITE 410
ATLANTA, GA 30341

STREET ADDRESS

CITY-ST-ZIP

300005462793-7

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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

SIGNATURE:

David Berkman

DAVID BERKMAN

04/24/02

770-454-7325

LF

FILED

02 APR 25 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E003B (12/01)