## LIMITED PÄRTNERSHIP "UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** B9600000487

1. Entity Name

LF

FILED

02 APR 25 PM 4: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## DO NOT WRITE IN THIS SPACE

WORTHINGTON APARTMENTS LIMITED PARTNERSHIP

| 2. Principal Place of Business  /// 2 South Magnetia Magnetia South April 19 North Magnetia M |                                       |                 |                             |                       |                                       |          |  |                   |                    |              |                 |  |
|--|---------------------------------------|-----------------|-----------------------------|-----------------------|---------------------------------------|----------|--|-------------------|--------------------|--------------|-----------------|--|
| Solite, Apt. # etc.    Solite  | 2. Principal F                        | Place of Busin  | ness                        | 3.                    | Mailing Address                       |          |  | <b></b>           | DO NOT WRIT        | E IN THIS SI | PACE            |  |
| City & State    A   FE   Number   Applied for  | 1112 50                               | OUTH /          | MAGNOLIA                    | DR 3                  | 190 NORTHE                            | AST      | EXPRES   | SWAY              |                    |              |                 |  |
| City & State    Applied For    | ·                                     |                 |                             |                       | _                                     |          |  |                   |                    |              |                 |  |
| ATLAHASSEE   FL   ATLAHA   SA   S8-227376   Not Applicable   200   200   S8.75 Additional   S8.75 Addition   |                                       |                 |                             |                       |                                       |          | 4 EELNumbos  |                   |                    |              |                 |  |
| Second Control   Seco   | · · · · · · · · · · · · · · · · · · · |                 |                             |                       |                                       |          |  |                   | <i>t</i> .         | <del></del>  |                 |  |
| DO-NOT-WRITE IN THIS SPACE    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.   |                                       |                 |                             |                       | _                                     |          |  | <del>-</del>      | <b>\$</b>          |              |                 |  |
| DO-NOT-WRITE IN THIS SPACE    Corporation   Service   Corporation   Survice   Corporation   Corporat | 3230                                  | ) <i> </i>      | USA                         | 3                     | 0341                                  | U.       | SA   |                   |                    | <u> </u>     | ee Required     |  |
| IN THIS SPACE  STORE ADDRESS  City FL Zip Code 3230 / 1. MAY S TREET ADDRESS  City STREET ADD |                                       |                 |                             |                       |                                       |          | Name   | 7. Name and Ad    | dress of Current F | Registered A | Agent           |  |
| IN THIS SPACE  IN THIS SPACE  City TALLAHASSEE FL Zip Code 3230/  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  9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE sas Shown on record.  12. A CENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filed to change a general partner.  12. SIRETA ADDRESS  CITY-ST-ZIP  DOCUMENT I SUPPLY STATE SIRETA ADDRESS  CITY-ST-ZIP  SIRE | DO MOT MIDITE                         |                 |                             |                       |                                       |          |  |                   |                    |              |                 |  |
| IN THIS SPACE  City TALLAHASSE FL ZID Code 3230 / 3 | DO-NOT-WRITE                          |                 |                             |                       |                                       |          | Street Address (P.O. Box Number is Not Acceptable) |                   |                    |              |                 |  |
| 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  9. Capital Contributions as Snown on record.  10. Amount of Capital Contributions in FLORIDA to date.  10. A GENERAL PARTINER THAT Is A B UISINESS 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. GENERAL PARTNER INFORMATION  14. MAKE CHECK PAYABLE TO DEPT. OF STATE SER EVERSE SIDE FOR FEE INFORMATION  15. GENERAL PARTNER INFORMATION  16. GENERAL PARTNER INFORMATION  17. STREET ADDRESS  18. STREET ADDRESS  19. ON  | IN THIS SPACE                         |                 |                             |                       |                                       |          | 1201 MAYS STILEET                                  |                   |                    |              |                 |  |
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| 12. GENERAL PARTINER INFORMATION  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT / NAME  | - Ç                                   |                 | GENERAL PART                | NER THAT              |                                       |          | UST BE REGI  | STERED AND AC     |                    |              |                 |  |
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| STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP   | 12. GENERAL PARTNER INFORMATION       |                 |                             |                       |                                       |          |  |                   |                    |              |                 |  |
| STREET ADDRESS   |                                       |                 |                             |                       |                                       |          |  |                   |                    |              |                 |  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # STREET ADDRESS CITY-ST-ZIP  DOCUMENT # STREET ADDRESS  | STREET ADDRESS 3190 NORTHEAST EXP     |                 |                             | CESSWAY,              |                                       |          |  |                   |                    |              |                 |  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS   | CITY-ST-ZIP ATLANTA, GA 30341         |                 |                             |                       | 6117-51-21r                           |          |  |                   |                    |              |                 |  |
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| CITY-ST-ZIP  DOCUMENT # NAME  STREET ADDRESS   |                                       |                 |                             |                       |                                       |          | 1  |                   |                    |              |                 |  |
| NAME STREET ADDRESS  |                                       |                 |                             |                       |                                       | CITY     | -ST-ZIP  |                   |                    |              |                 |  |
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| NAME C. STREET ADDRESS   | STREET ADDRESS                        |                 |                             |                       |                                       | OIT?     | CT 710   |                   |                    |              |                 |  |
| CITY-ST-ZIP CITY-ST-ZIP  | CITY-ST-ZIP                           |                 |                             |                       |                                       | GHY-     | -01-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:

DAD Back

DAVID BERKMAN

04/24/02

770-454-7325