2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

L98000001303 DOCUMENT # 1. Entity Name **FILED** NORTH WORTH, LLC Apr 18 2000 8:00 am Secretary of State 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 33401-6125 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE npru City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEWALTER, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, 1101E WEST PALM BEACH FL 33401 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. Addition TITLE Change TITLE MGRM ☐ Delete NAME GOODMAN, MURRAY H MAME STREET ADDRESS STREET ADDRESS 777 SOUTH FLAGLER DRIVE CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP ☐ Change Addition ☐ Detate TITLE TITLE NAME GOODMAN PROPERTIES, INC. **800003229628---**-04/28/00--01103--010 STREET ADDRESS STREET ADDRESS 777 SOUTH FLAGLER DRIVE CITY-ST-ZIP CITY-8T-ZIP WEST PALM BEACH FL 33401 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Change Addition ... Delata TITLE TITLE KAMI MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- #T- 71P Addition ☐ Detete TITLE ☐ Channe TITLE NAME : NAME STREET ADDRESS STREET ADDRESS CITY-81-ZIP CITY-ST-ZIP ☐ Change ☐ Detete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIF CITY-8T-ZIP 11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.