

2011 UNIFORM BUSINESS REPORT (UBR)

0013401 AF

DOCUMENT # L98000001303

1. Entity Name
NORTH WORTH, LLC

FILED

01 APR 19 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O THE GOODMAN COMPANY
777 SOUTH FLAGLER DRIVE, SUITE 1101E
WEST PALM BEACH FL 33401

Mailing Address
C/O THE GOODMAN COMPANY
777 SOUTH FLAGLER DRIVE, SUITE 1101E
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEWALTER, WILLIAM A C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, 1101E WEST PALM BEACH FL 33401	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODMAN, MURRAY H 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN PROPERTIES, INC. 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004083336-1 -04/27/01--01026--001 *****55.00 *****55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: William A Shewalter, V.P. 4/9/01 (561) 833-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)