

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90119 041 ****55.00

DOCUMENT # L98000001303

1. Entity Name
NORTH WORTH, LLC



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**



04142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEWALTER, WILLIAM A
C/O THE GOODMAN COMPANY
777 SOUTH FLAGLER DRIVE, 1101E
WEST PALM BEACH, FL 33401**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	M
NAME	GOODMAN, MURRAY H
STREET ADDRESS	777 SOUTH FLAGLER DRIVE
CITY- ST- ZIP	WEST PALM BEACH, FL 33401
TITLE	MGR
NAME	GOODMAN PROPERTIES, INC.
STREET ADDRESS	777 SOUTH FLAGLER DRIVE
CITY- ST- ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/05
Date

561-833-3777
Daytime Phone #

William A. Shewalter, Vice President