2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000001303

1. Entity Name
NORTH WORTH, LLC



FILED
May 02, 2008 08:00 AN
Secretary of State

CR2E083 (12/07)

Fee Required

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

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

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

04232008 No Chg-LLC

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

MANAGING MEMBERS/MANAGERS TITLE GOODMAN, MURRAY H NAME STREET ADDRESS 777 SOUTH FLAGLER DRIVE CITY-ST-ZIF 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

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 11 24, 2008

Date 561-833-3777 Daytime Phone #