ile on o ubiect t	r before May 1, 1999 or to a \$ 400.00 LATE FEE.	Limited Lia	bility Com	pany will be	e _	FILE	
LIMITED LIABILITY COMPANY			ORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 90 APR 30 AM11:57		
FILING F \$ 188.7	EE Annual Report \$100.00 Make Check Payable T	+ \$88.75 Corp o: FLORIDA	oration Supp DEPARTMEN	olemental Fee			
1. Name an		MENT #	L980000]		
7	AIDDLEBURG GP LLC 777 SOUTH FLAGLER NEST PALM BEACH FI	DRIVE, L 33401	SUITE 11	01	777 SOUT WEST PALI	H FLAG	DIER DRIVE, SUI H FL 33401
2 Principal	Place of Business	2a. Mailing Ad	idress	3. Date Organized of	Qualified	3a. State of Formation	
Suite, Apt. #, etc. Suite 1101E			te 1101E		10/21/1998 FL 4. FEI Number		
City & State	9	City & State			5. Date of Last Repo	int 1	6. Certificate of Status Desired
Zip	Country	Zip	Count	ry			\$8.75 Additional Fee Required
	7. Name and Address of Current	Registered Ager	nt	B. Name	Name and Address of	New Registe	ered Agent/Office
its registere	nt to the provisions of Sections 608.416 ed office or registered agent, or both, in th red agent, and accept the obligations. RE	e State of Florida.	Such change was a	authorized by affirm	Tative vote of a majority of	the members	Zip Code
10. Title	(Begetsed Age); Arcepting Appendie (bi) – (N		Business Street Address			City,	State and Zip Code
MGR	GOODMAN PROPERTI	ES, IN 7	77 SOUTH	H FLAGLE		0002	PALM BEACH FL 870394-1 73301006022 97.50 ****197.50
indicated o limited liab attachmen	areby certify that the information supplied on this annual report is true and accurate pility company or the receiver or trugted int with an address. SOUTHAR SUPPORT ATTER	a and that my signa empowered to exe PROPERTATE	ature shall have the cute this report as 5, INC., M		er 608. Florida Statutes; a		