



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company P & D GP LLC 777 SOUTH FLAGLER DRIVE, SUITE 1101 WEST PALM BEACH FL 33401		DOCUMENT # L98000002426	
2. Principal Place of Business Suite, Apt. #, etc. Suite 1101E City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. Suite 1101E City & State Zip Country	
3. Date Organized or Qualified 10/27/1998		3a. State of Formation FL <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
4. FEI Number		5. Date of Last Report	
6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>			
7. Name and Address of Current Registered Agent SHEWALTER, WILLIAM A 777 SOUTH FLAGLER DRIVE, SUITE 1101 WEST PALM BEACH FL 33401		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 300002870393-3 Suite, Apt. #, etc. -05/11/99--01006--021 City FL Zip Code 33401	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when changing agent)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GOODMAN PROPERTIES, INC.	777 SOUTH FLAGLER DRIVE, S	WEST PALM BEACH FL
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		4-27-99 (561) 833-3777	
By: William A. Shewalter, Vice President			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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