## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # M05000004497** 06 JUN 29 PM 4: 08 NORTH WORTH LLC SECKLIANT UP STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O THE GOODMAN COMPANY C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101-E 777 SOUTH FLAGLER DRIVE, SUITE 1101-E WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number City & State City & State Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEWALTER, WALTER A 777 SOUTH FLAGLER DRIVE, SUITE 1101-E Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33401 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 Ronda. I am (amiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agons and bits if applicable, (NOTE: Registered Agens signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9, MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TILE Ochte TITLE Change ☐ Addition THE GOODMAN PROPERTIES INC. NAME 777 SOUTH FLAGLER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP MLE Oelete 1MLE Change Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZZP CITY - \$1 - 71P TITLE ☐ Deleta MILE ☐ Change ☐ Addition MALES KALE STREET ADDRESS STREET ADDRESS CTTY-SI-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition MAME NAME STREET ATTORESS STREET ADORESS MY. \$1. 70 CITY-S1-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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. Goodman Properties Inc., manager April 27, 2006 561-833-3777 SIGNATURE: EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone if

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