2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M9800000677 1. Entity **affice GLW PROPERTIES NORTH, L.L.C.				FILL() SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 440 POYAL BALM WAY							
440 ROYAL PALM WAY 440 ROYAL PALM WAY SUITE 200 SUITE 200							
PALM BEACH	FL 33480	PALM BEACH FL 33480-414	42	C STREET, DET STREET DE LA TREET BOARD CON	n aand Baid Aand asda eidd i	ERI: 1881 1881	
2. Principal Place of Business 3. Mailing Address 505 S. Flagler Drive 505 S. Flagle		Deima	S IODIADII IIA IAIRI IDISI ADIII AAI	il Baire Borel Outhr Bohru Ander 1	8 B() 96) (BB)		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DLIAE	DO NOT WRITE IN THIS SPACE			
		Suite 300		SO NOT WITE IT THIS OF NO			
City & State		City & State		4. FEI Number 65-0846333		plied For	
		West Palm Beach, FL Zip Country		00 00 10000	\$5.00 Add	t Applicable	
Zip 33401	USA	33401	USA	5. Certificate of Status Desired	Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Re	egistered Agent		
			Name	·			
MILLER, JACQUELINE S				Street Address (P.O. Box Number is Not Acceptable)			
440 ROYAL PALM WAY			<u>505 S.</u>	Flagler Drive, Suit	<u>:e 300</u>		
SUITE 200							
PALM BEACH FL 33480				City West Palm Beach		FL Zip Code 33401	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or regist	tered agent, or both, in the State of Flor	rida.		
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating)	DATE		
		THE NO	MHUSEES: 16:650:00	Commission Commission (Commission Commission			
<u> </u>			W!!!~FEE IS \$50.00	of State \(\sigma \frac{\mathcal{3}}{1}\)	·-/po		
		Make Check Pay	W!!!~FEE:IS-\$50:00 rable to Department	of State 3/1	4/00		
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Daytime Phone #