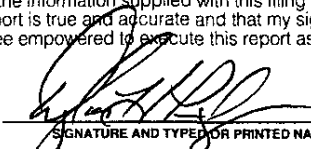


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

193.75

DOCUMENT # A02000000464 1. Entity Name GRANDE COURT NORTH PORT ASSOCIATES, LTD.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 MAR 12 PM 12:38	
Principal Place of Business 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822				Mailing Address 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822			
2. Principal Place of Business 703 Waterford Way		3. Mailing Address 703 Waterford Way					
Suite, Apt. #, etc. Suite 800		Suite, Apt. #, etc. Suite 800					
City & State Miami, FL		City & State Miami, FL					
Zip 33126	Country	Zip 33126	Country	4. FEI Number 01-0677751		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PITTS, W. DOUGLAS 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 703 Waterford Way Suite 800 City Miami FL Zip Code 33126			
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.							
9. Capital Contributions as Shown on record.		\$15,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P02000033077 GRANDE COURT NORTH PORT, INC. 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822			STREET ADDRESS CITY-ST-ZIP	703 Waterford Way, Suite 800 Miami, FL 33126		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
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14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: 				Douglas H. Prichard 6.C. NORTHPORT, INC.			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date 3/3/04		Daytime Phone # 305-261-4330	

STAPLE CHECK HERE