

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000000376



1. Entity Name  
 CCD NORTH PALMS, LTD.

Principal Place of Business      Mailing Address  
 13014 N. DALE MABRY HWY      13014 N. DALE MABRY HWY.  
 SUITE 356      SUITE 356  
 TAMPA, FL 33618      TAMPA, FL 33618



2. Principal Place of Business      3. Mailing Address  
 Suite Apt #, etc      Suite Apt #, etc  
 City & State      City & State  
 Zip      Country      Zip      Country

03192004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
 59-3501681      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHWENCKE, KIM M  
 13014 N DALE MABRY, SUITE 356  
 TAMPA, FL 33618

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      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 Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE      Signature typed or printed name of registered agent and title if applicable      DATE

9. Capital Contributions as Shown on record      \$401,000.00      10. Amount of Capital Contributions in FLORIDA to date      \$7000.00

**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	STREET ADDRESS CITY-ST-ZIP
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1100000158358  
 05/07/04-30018-016 141.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *A. G. Zappaport*      4/28/04      813-269-0899  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Contact Number  
 A. G. ZAPPAPORT

STAPLE CHECK HERE