

**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**DOCUMENT # A98000000376**

1. Entity Name  
CCD NORTH PALMS, LTD.



**FILED**  
05 MAY 24 PM 5:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address  
13014 N. DALE MABRY HWY.  
SUITE 356  
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

04212005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3501681

Applied For  
Not Applicable

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

**8. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

SCHWENCKE, KIM M  
13014 N. DALE MABRY, SUITE 356  
TAMPA, FL 33618

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. **7,000.00**

**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 # L00000000834  
NAME CONCORDE CAPITAL PARTNERS LLC  
STREET ADDRESS 13014 N. DALE MABRY HWY.  
CITY-ST-ZIP TAMPA, FL 33618

STREET ADDRESS

CITY-ST-ZIP

**400055584044**  
~~06/01/05-01060-003 \*\*141.25~~

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Kim M. Schwencke*

*4/25/05*

*813-269-0249*

STAPLE CHECK HERE