


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A98000000376		
1. Entity Name CCD NORTH PALMS, LTD.		

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
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3501681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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

FILE NOW!!! FEE IS \$500.00
 After May 1, 2007, Fee will be \$900.00

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.

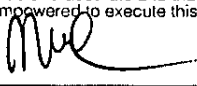
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L00000000834
NAME	CONCORDE CAPITAL PARTNERS LLC
STREET ADDRESS	13014 N. DALE MABRY HWY.
CITY-ST-ZIP	TAMPA, FL 33618
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/10/07-80052-015 500.00

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  Kim M. SCHWENCKE 3/28/07 813-269-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #