


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

<b>DOCUMENT # A96000001116</b> 1. Entity Name NORTHERN ATLANTIC, LTD.	
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Principal Place of Business 10 SE CENTRAL PARKWAY, SUITE 315 STUART, FL 34994	Mailing Address PO BOX 439 PALM CITY, FL 34991
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2. Principal Place of Business Suite, Apt. #, etc. <b># 440</b>	3. Mailing Address Suite, Apt. #, etc.  City & State  Zip Country Zip Country
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<b>6. Name and Address of Current Registered Agent</b> LAW OFFICE OF RUDOLPH M. DI LASCIO, JR., PA 5798 JOHNSON STREET HOLLYWOOD, FL 33021	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>300034515873</b> <b>04/23/04--01005--022 **526.25</b> City <b>FL</b> Zip Code
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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.

9. Capital Contributions as Shown on record. <b>\$570,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>590,000</b>
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**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 #	P96000050216	STREET ADDRESS	Suite 440
NAME	PROSERVE INTERNATIONAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	10 SE CENTRAL PARKWAY, SUITE 315		
CITY-ST-ZIP	STUART, FL 34994		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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

<b>SIGNATURE:</b> 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>Ronald L. Schmidt</b>
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**FILED**

2004 APR 29 A 8:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04232004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-0676313</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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STAPLE CHECK HERE

Date **4/23/04** (ma) **286-1668**