

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A98000001279</b>		
1. Entity Name <b>ANDOVER PLACE NORTH LIMITED PARTNERSHIP</b>		
Principal Place of Business <b>10202 ALTAVISTA AVENUE TAMPA FL 33647</b>		Mailing Address <b>C/O SENTINEL REAL ESTATE CORPORATION 1251 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK NY 10020</b>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 21 AM 10:37

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

*PS*



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-3516794</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301</b>		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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. <b>\$99,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>99,000</b>	

**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 #	P98000046117	STREET ADDRESS	
NAME	ANDOVER PLACE NORTH, INC.	CITY-ST-ZIP	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS, 36TH FLOOR		
CITY-ST-ZIP	NEW YORK NY 10020		
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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

By: *Andover Place North, Inc., as general partner*

SIGNATURE: *Ellen Gutterberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2/16/05*  
Date

*212-408-5000*  
Daytime Phone #