


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

<b>DOCUMENT # A02000000003</b>			
1. Entity Name <b>MEYER HOPKINS NORTH, LTD.</b>			
Principal Place of Business <b>1601 BELVEDERE ROAD SUITE #407 SOUTH WEST PALM BEACH FL 33406</b>		Mailing Address <b>1601 BELVEDERE ROAD SUITE #407 SOUTH WEST PALM BEACH FL 33406</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**2005 APR 26 PM 12:30**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  <b>MAPES, PAUL 1601 BELVEDERE ROAD SUITE #407 SOUTH WEST PALM BEACH FL 33406</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**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 #	<b>L020000000021</b>	STREET ADDRESS	<b>Add Suite 407 South</b>
NAME	<b>MEYER HOPKINS NORTH, LLC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1601 BELVEDERE ROAD</b>		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>		
DOCUMENT #		STREET ADDRESS	<b>300054342923</b>
NAME		CITY-ST-ZIP	<b>05/12/05--01077--013 **141.25</b>
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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:**  **4/30/05** **5616896201**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE