


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
May 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000000003 1. Entity Name MEYER HOPKINS NORTH, LTD.	
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Principal Place of Business 1601 BELVEDERE ROAD SUITE #407 SOUTH WEST PALM BEACH FL 33406	Mailing Address 1601 BELVEDERE ROAD SUITE #407 SOUTH WEST PALM BEACH FL 33406
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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JAN 24 2006
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1st MOORE CR2E003 (10/05)
4. FEI Number **01-0582090** Applied For
Not Applied

6. Name and Address of Current Registered Agent MAPES, PAUL 1601 BELVEDERE ROAD SUITE #407 SOUTH WEST PALM BEACH FL 33406	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY-ST-ZIP	L02000000021 MEYER HOPKINS NORTH, LLC 1601 BELVEDERE ROAD, STE 407 SOUTH WEST PALM BEACH FL 33406	STREET ADDRESS CITY-ST-ZIP	1000000541704 05/10/06-80066-024 500.00
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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:  **4/20/06 301-689-6601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE