


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

526.25

**FILED**

**Apr 26, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A02000000464</b>					
1. Entity Name <b>GRANDE COURT NORTH PORT ASSOCIATES, LTD.</b>					
Principal Place of Business <b>703 WATERFORD WAY STE. 800 MIAMI FL 33126</b>			Mailing Address <b>703 WATERFORD WAY STE. 800 MIAMI FL 33126</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>01-0677751</b>	
6. Name and Address of Current Registered Agent  <b>PITTS, W. DOUGLAS 703 WATERFORD WAY STE. 800 MIAMI FL 33126</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.				11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record.		<b>\$2,657,923.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>P02000033077</b>		STREET ADDRESS		
NAME	<b>GRANDE COURT NORTH PORT, INC.</b>		CITY- ST- ZIP		
STREET ADDRESS	<b>703 WATERFORD WAY, STE. 800</b>				
CITY- ST- ZIP	<b>MIAMI FL 33126</b>				
DOCUMENT #			STREET ADDRESS	<b>U000000331554</b>	
NAME			CITY- ST- ZIP	<b>04/26/05-80020-011 526.25</b>	
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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Douglas H. Pitts*

*4/4/5*

*305-261-4330*  
Daytime Phone #

STAPLE CHECK HERE