


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -1 AM 9:27

DOCUMENT # A0200000773

1. Entity Name
 NORTH 10 CAPITAL ASSOCIATES, LTD.



Principal Place of Business
 C/O NORTH 10 CAPITAL ASSOCIATES, INC.
 1601 BELVEDERE ROAD, SUITE 407S
 WEST PALM BEACH, FL 33406

Mailing Address
 ATTN: PAUL MAPES
 1601 BELVEDERE ROAD, SUITE 407S
 WEST PALM BEACH, FL 33406



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01302004 Chg-LP CR2E003 (10/03)

4. FEI Number
 03-0460637 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NORTH 10 CAPITAL ASSOCIATES, INC.
 1601 BELVEDERE ROAD, SUITE 407S
 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

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. \$49,500.00

10. Amount of Capital Contributions in FLORIDA to date. 435.25

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 #	P02000060466	STREET ADDRESS	
NAME	NORTH 10 ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 407S		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
DOCUMENT #		STREET ADDRESS	900030239509
NAME		CITY-ST-ZIP	03/10/04--01054--024 **435.25
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Evelyn Stefansky Date: 2/26/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

EVELYN STEFANSKY