

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



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

<b>DOCUMENT # A02000000773</b>	
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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
4. FEI Number 03-0460637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



1ST MOORE CR2E003 (10/04)

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.

**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 #	P02000060466	STREET ADDRESS	
NAME	CAPITAL 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	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	100054349971
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NAME		CITY-ST-ZIP	
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: *Paul Mapes* 4/20/05 561-689-6601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #