


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

**FILED**  
**May 06, 2006 08:00 AM**  
**Secretary of State**  
**JAN 24 2006**  
**RECEIVED**

**DOCUMENT # A0200000773**  
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 BELEVEDERE ROAD, SUITE 407S WEST PALM BEACH FL 33406**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

1st MOORE CR2E003 (10/05)

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

**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 #	P02000060466	STREET ADDRESS	
NAME	NORTH 10 CAPITAL ASSOCIATES, INC	CITY-ST-ZIP	
STREET ADDRESS	1601 BELEVEDERE ROAD, SUITE 407S		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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05/18/06 00066 022 500.00

STAPLE CHECK HERE

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 670, Florida Statutes.

SIGNATURE: *Paul Mapes* as General Partner  
North 10 Capital Associates Inc 561-689-6601