


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # A02000000773 1. Entity Name NORTH 10 CAPITAL ASSOCIATES, LTD.	
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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
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DO NOT WRITE IN THIS SPACE

02152007 No Chg-LP CR2E003 (12/06)

4. FEI Number 03-0460637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 \$500.00
After May 1, 2007, Fee will be \$900.00

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	
DOCUMENT #	P02000060466
NAME	NORTH 10 CAPITAL ASSOCIATES, INC
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 407S
CITY - ST - ZIP	WEST PALM BEACH, FL 33406
DOCUMENT #	
NAME	
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U00000677010
03/30/07-80084-024 500.00

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: *GMA* *Paul Mapes* *Gail Asarch* *3/19/07* *561-689-6601*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE