


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # A02000000773	
1. Entry 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
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01182008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

B. 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, 2008, Fee will be \$900.00

U00000920578
 05/14/08-80049-014 500.00

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	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: P. Mapes CO. Date: 2/20/08 Daytime Phone #: 5616896601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE OF FLORIDA