

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000000773

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** NORTH 10 CAPITAL ASSOCIATES, LTD.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 03-0460637      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAPES, PAUL  
1601 BELVEDERE ROAD, SUITE 407S  
WEST PALM BEACH, FL 33406      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: P02000060466  
Name: NORTH 10 CAPITAL ASSOCIATES, INC  
Address: 1601 BELEVEDERE ROAD, SUITE 407S  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GAIL ASARCH NORTH 10 CAPITAL ASSOC INC

MGR

03/08/2010

Electronic Signature of Signing General Partner

\_\_\_\_\_ Date