
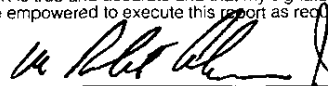


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000001465 1. Entity Name 500 NORTH DRIVE, LTD.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 APR 12 AM 10:38	
Principal Place of Business 4320 WOODLAND PARK DRIVE WEST MELBOURNE, FL 32904				Mailing Address 4320 WOODLAND PARK DRIVE WEST MELBOURNE, FL 32904			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HEALY, PATRICK F ESQ 1800 W. HIBISCUS BLVD STE.138 MELBOURNE, FL 32901				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$325,000.00				10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P03000080936			STREET ADDRESS			
NAME	CIA GROUP, INC.			CITY-ST-ZIP			
STREET ADDRESS	4320 WOODLAND PARK DRIVE						
CITY-ST-ZIP	WEST MELBOURNE, FL 32904						
DOCUMENT #				STREET ADDRESS	100033987311		
NAME				CITY-ST-ZIP	04/27/04--01005--019 **526.25		
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NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information stated 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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.							
SIGNATURE: 				W. ROBERT ANDERSON JR.			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date		Daytime Phone #	

STAPLE CHECK HERE