


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 28 AM 9:41

DOCUMENT # A03000001465 1. Entity Name 500 NORTH DRIVE, LTD.					
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		01042005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 54-2133084	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 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 _____ <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				
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>W. Robert Anderson Jr.</i>			3/17/05 321-723-3400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

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