


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A09419</b> 1. Entity Name <b>NORTH RIDGE VA CENTER, LTD.</b>	
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Principal Place of Business <b>5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334</b>	Mailing Address <b>5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -6 AM 10:44



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent <b>MUDD, JOHN 5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334</b>		7. Name and Address of New Registered Agent Name <b>Timothy C. Lincoln, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Downtown Legal Center</b> <b>46 N. E. 6th Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33132</b>	
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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 Timothy C. Lincoln **Timothy C. Lincoln, V.P.** DATE **3/15/04**  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$25,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>554838 NORTH RIDGE MEDICAL PLAZA, INC. 5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334</b>	STREET ADDRESS CITY-ST-ZIP	<b>300032960993 04/15/04-01046-001 **272.50</b>
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STAPLE CHECK HERE

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:** John P. Mudd **John P. Mudd** **3/15/04** **(954) 202-1998**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #