


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2005**

<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	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2086112</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>LINCOLN, TIMOTHY C ESQ <del>DOWNTOWN LEGAL CENTER</del> LINCOLN ESQ. P.A. 46 N.E. 6TH ST. MIAMI FL 33132</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.
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11. **FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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 #	<b>554838</b>
NAME	<b>NORTH RIDGE MEDICAL PLAZA, INC.</b>
STREET ADDRESS	<b>5601 NORTH DIXIE HIGHWAY, SUITE 420</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**400052582604**  
**04/28/05--01004--015 \*\*272.50**

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

<b>SIGNATURE: <i>Timothy C. Lincoln</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>Timothy C. Lincoln</b>	<b>3/1/05</b> <small>Date</small>	<b>(305) 755-9295</b> <small>Daytime Phone #</small>
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2005 APR -6 PM 4:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

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