


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**



DOCUMENT # A09419 1. Entity Name NORTH RIDGE VA CENTER, LTD.	
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FILED

2007 MAR 15 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

Principal Place of Business 5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334	Mailing Address 5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-2086112	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LINCOLN, TIMOTHY C ESQ LINCOLN ESQ. P.A. 46 N.E. 6TH ST. MIAMI FL 33132	
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7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Timothy C. Lincoln **Timothy C. Lincoln** **March 1, 2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE