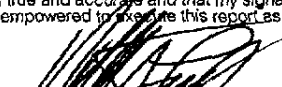


FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT #A12269 1. Entity Name NORTH DALE ASSOCIATES, LTD.				Secretary of State	
Principal Place of Business C/O COLLIERS CAUBLE & CO. 1349 W. PEACHTREE ST. NE STE 1110 ATLANTA, GA 30309		Mailing Address C/O COLLIERS CAUBLE & CO. 1349 W. PEACHTREE ST. NE STE 1110 ATLANTA, GA 30309			
2. Principal Place of Business		3. Mailing Address		02232006 Chg-LP CR2E003 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 58-1476810	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRISON, THOMAS J 3802 NORTHDAL BLVD TAMPA, FL 33624				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 \$500.00 After May 1, 2006, Fee will be \$900.00					
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		
STREET ADDRESS	1349W PEACHTREE ST NE STE. 1100		CITY-ST-ZIP		
CITY-ST-ZIP	ATLANTA, GA 30309				
DOCUMENT #	NAME		STREET ADDRESS	160000462712	
STREET ADDRESS			CITY-ST-ZIP	03/21/06 80043-021 508.75	
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
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: 			Date: 2/29/06 Daytime Phone: 604 878 4000		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER					