2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT #A12269

1. Entity Name
NORTH DALE ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
C/O COLLIERS CAUBLE & CO. 1349 W. PEACHTREE ST. NE STE 1110 ATLANTA, GA 30309	C/O COLLIERS CAUBLE & CO. 1349 W. PEACHTREE ST. NE STE 1110 ATLANTA, GA 30309

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02232006 Chg-LP CR2E003 (11/05)

4. FEI Number: 58-1476810 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORRTON, THOMAS J 3802 NORTHDALE BLVD TAMPA, FL 33624	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 ______ Signature, typed or printed name of registered agent and title if applicable DATE

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 CITY-ST-ZIP	 LAW, WILLIAM F.,JR. 1349W PEACHTREE ST NE STE. 1100 ATLANTA, GA 30309	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — 1/23/06 Date — 404 888 9000 Daytime Phone #