

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 18 PM 12:11

DOCUMENT # A12269

1. Entity Name
NORTH DALE ASSOCIATES, LTD.



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**



01212008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

MORRISON
MORRISON, THOMAS J
3802 NORTHDAL BLVD
TAMPA, FL 33624

**DO NOT WRITE
IN THIS SPACE**

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.

800120726768
03/18/08--01027--TME *SUB. 75**

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

DOCUMENT #
NAME **LAW, WILLIAM F., JR.**
STREET ADDRESS **1349W PEACHTREE ST NE STE. 1100**
CITY-ST-ZIP **ATLANTA, GA 30309**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #