

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A29487

1. Entity Name

DADELAND NORTH, LTD.



Principal Place of Business

% DADELAND NORTH, LTD.
1550 MADRUGA AVE. STE 230
CORAL GABLES, FL 33146

Mailing Address

% DADELAND NORTH, LTD.
1550 MADRUGA AVE. STE 230
CORAL GABLES, FL 33146



01052006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1287453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEITMAN, PHILLIP
1550 MADRUGA AVE., STE 230
CORAL GABLES, FL 33146

**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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

000000522577
05/03/06-80035-015 500.00

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 # L11049
NAME DADELAND NORTH, INC.
STREET ADDRESS 1550 MADRUGA AVE., SUITE 230
CITY-ST-ZIP CORAL GABLES, FL 33146

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CITY-ST-ZIP

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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:

Phillip Leitman PHILLIP LEITMAN, Partner

4/18/06 305 667 6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE