


2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -3 PM 3:12

DOCUMENT # A33159		
1. Entity Name G. S. NORTH, LTD.		

Principal Place of Business 3820 STATE STREET SANTA BARBARA, CA 39105	Mailing Address C/O MARY H. YUMBE Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105
---	---

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



01062004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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.

9. Capital Contributions as Shown on record. \$62,500.00	10. Amount of Capital Contributions in FLORIDA to date.
--	---

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 #	P01000049387	STREET ADDRESS	
NAME	TENET WEST PALM REAL ESTATE, INC.	CITY-ST-ZIP	
STREET ADDRESS	3832 STATE STREET		
CITY-ST-ZIP	SANTA BARBARA, CA 39105		
DOCUMENT #		STREET ADDRESS	200029823282
NAME		CITY-ST-ZIP	03/03/04--01062--001 **17636.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kristina A. Mack Kristina A. Mack, Asst. Secretary 2/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE