

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A33354							
1. Entity Name NORTHGATE FINANCING PARTNERSHIP, LTD.							
Principal Place of Business C/O DARYL CRAMER & ASSOC., P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS, FL 33410-2758			Mailing Address C/O DARYL CRAMER & ASSOC., P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS, FL 33410-2758				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0506588			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BOULEVARD STE. 508 PALM BEACH GARDENS, FL 33410			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record. \$592,500.00		10. Amount of Capital Contributions in FLORIDA to date. \$592,500.00					
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			13. ADDRESS CHANGES ONLY				
DOCUMENT #	V55931		STREET ADDRESS				
NAME	NORTHGATE FINANCING, INC.		CITY - ST - ZIP				
STREET ADDRESS	3801 PGA BOULEVARD STE. 508			U00000159739			
CITY - ST - ZIP	PALM BEACH GARDENS, FL 334102758			05/10/04-80043-016 535.00			
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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							
Northgate Financing, Inc.							
SIGNATURE: _____		By: <i>[Signature]</i>		Date: <i>MAY 4 5/04</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							



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