


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A94000001675			
1. Entity Name HAILE NORTH, LTD.			
Principal Place of Business 5300 SW 91ST TERR. GAINSVILLE FL 32608		Mailing Address 5300 SW 91ST TERR. GAINSVILLE FL 32608	
2. Principal Place of Business Suite, Apt. #, etc. Ste B		3. Mailing Address Suite, Apt. #, etc. Ste B	
City & State		City & State	
Zip	Country	Zip	Country

FILED
2005 APR 28 PM 1:43
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-3301665		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent ROWE, ROBERT R 5300 SW 91ST TERRACE GAINSVILLE FL 32608		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Ste B City FL Zip Code	
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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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$1,500.00** 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 #	P94000089345	STREET ADDRESS	Ste B
NAME	HAILE NORTH MANAGEMENT, INC.	CITY-ST-ZIP	100054918491
STREET ADDRESS	5300 SW 91ST TERR.		05/20/05--01049--009 **141.25
CITY-ST-ZIP	GAINSVILLE FL 32608	STREET ADDRESS	
		CITY-ST-ZIP	
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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: Robert R. Rowe

ROBERT R. ROWE

Date 4/27/05 Daytime Phone # 352/335-7846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE