2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000001116

1. Entity Name
NORTHERN ATLANTIC, LTD.

FILED
2004 APR 29 A 8: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10 SE CENTRAL PARKWAY, ~~SUITE 315~~ STUART, FL 34994	PO BOX 439 PALM CITY, FL 34991

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. # 440	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04232004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0676313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAW OFFICE OF RUDOLPH M. DI LASCIO, JR.,PA 5798 JOHNSON STREET HOLLYWOOD, FL 33021	Name Street Address (P.O. Box Number is Not Acceptable) 300034515873 04/29/04--01005--022 **526.25 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. $570,000.00

10. Amount of Capital Contributions in FLORIDA to date. 590,000

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 #	P96000050216	STREET ADDRESS	Suite 440
NAME	PROSERVE INTERNATIONAL, INC.		
STREET ADDRESS	10 SE CENTRAL PARKWAY, ~~SUITE 315~~		
CITY-ST-ZIP	STUART, FL 34994	CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

STAPLE CHECK HERE

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: Ronald L Schmidt President Proserve International 4/23/04 (772) 286-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #