

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A98000000376

1. Entity Name
CCD NORTH PALMS, LTD.



Principal Place of Business
13014 N. DALE MABRY HWY.
SUITE 356
TAMPA, FL 33618

Mailing Address
13014 N. DALE MABRY HWY.
SUITE 356
TAMPA, FL 33618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3501681

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

SCHWENCKE, KIM M
13014 N. DALE MABRY, SUITE 356
TAMPA, FL 33618

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$401,000.00

10. Amount of Capital Contributions in FLORIDA to date. 7,000.00

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 # L00000000834
NAME CONCORDE CAPITAL PARTNERS LLC
STREET ADDRESS 13014 N. DALE MABRY HWY.
CITY-ST-ZIP TAMPA, FL 33618

STREET ADDRESS

CITY-ST-ZIP

400055584044

06/01/05-01060-003 **141.25

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

KIM M. SCHWENCKE

4/25/05

813-269-0249

STAPLE CHECK HERE

FILED
05 MAY 24 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

