2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Mar 17, 2006 08:00 AM Secretary of State DOCUMENT # A98000000376 CCD NORTH PALMS, LTD. Principal Place of Business Mailing Address 13014 N. DALE MABRY HWY. 13014 N. DALE MABRY HWY. SUITE 356 SUITE 356 TAMPA, FL 33618 TAMPA, FL 33618 03142006 No Chg-LP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3501681 \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHWENCKE, KIM M DO NOT WRITE 13014 N. DALE MABRY, SUITE 356 TAMPA, FL 33618 IN THIS SPACE 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 (amiliar with, and accept the obligations of registered agent SIGNATURE Signature, lyaeld or primad name of registered agent and life if excitionable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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 одсомым в L00000000834 CONCORDE CAPITAL PARTNERS LLC NAME STREET ADDRESS 13014 N. DALE MABRY HWY. Cally St. Zip TAMPA, FL 33618 U00000471464 03/28/06 00055-012 500.00 DOCUMENT # NAME: STATE ALTORESS 001Y-51-ZIF UULUMEN: # DO NOT WRITE STREET ADDRESS CAY ST-ZIP IN THIS SPACE 0001035 8 . . Side of Minner's 出土 GOCUMENT # NAKE

14. I neceby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS CITY ST-ZIP OCCUMENC 4 NAME STREET AUDITESS CALLY ST ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING GENERAL PARTNER

FILED