

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000773

**Entity Name:** NORTH 10 CAPITAL ASSOCIATES, LTD.

**Current Principal Place of Business:**

C/O NORTH 10 CAPITAL ASSOCIATES, INC.  
1601 BELVEDERE ROAD, SUITE 407S  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

ATTN: PAUL MAPES  
1601 BELVEDERE ROAD, SUITE 407S  
WEST PALM BEACH, FL 33406

**FEI Number:** 03-0460637

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAPES, PAUL  
1601 BELVEDERE ROAD, SUITE 407S  
WEST PALM BEACH, FL 33406 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document # P02000060466  
Name NORTH 10 CAPITAL ASSOCIATES, INC  
Address 1601 BELEVEDERE ROAD, SUITE  
407S  
City-State-Zip: WEST PALM BEACH FL 33406

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GAIL ASARCHFOR NORTH 10 CAPITAL  
ASSOCIATES, INC

MEMBER OF GP

01/19/2015

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date