

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE ~~BY~~ MAY 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000981**

1. Entity Name  
**JOVEN LTD.**



Principal Place of Business  
**P.O. BOX 340715  
TAMPA FL 33694**

Mailing Address  
**P.O. BOX 340715  
TAMPA FL 33694**



**MOORE CR2E003 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**55-0795569**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOHNSON, JOE C  
1646 PORTSMOUTH LAKE DRIVE  
BRANDON FL 33511-1875**

**7. Name and Address of New Registered Agent**

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 Joe C. Johnson JOE C. JOHNSON 4/15/04  
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions  
as Shown on record. **\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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**

DOCUMENT #  
NAME **JOHNSON, JOE C**  
STREET ADDRESS **1646 PORTSMOUTH LAKE DRIVE**  
CITY - ST - ZIP **BRANDON FL 33511-1875**

DOCUMENT #  
NAME **NANAKUMO, VENAN E**  
STREET ADDRESS **P.O. BOX 340715**  
CITY - ST - ZIP **TAMPA FL 33694**

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**000000158389  
05/07/04-60019-022 141.25**

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: Joe C. Johnson (JOE C. JOHNSON) 4/15/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE