


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A02000000981	
<b>1. Entity Name</b> JOVEN LTD.	

<b>Principal Place of Business</b> P.O. BOX 340715 TAMPA FL 33694	<b>Mailing Address</b> P.O. BOX 340715 TAMPA FL 33694
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1ST MOORE CR2E003 (10/04)

<b>4. FEI Number</b> 55-0795569	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  JOHNSON, JOE C 1646 PORTSMOUTH LAKE DRIVE BRANDON FL 33511-1875
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<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>9. Capital Contributions as Shown on record.</b> \$100.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>
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**FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	JOHNSON, JOE C
<b>STREET ADDRESS</b>	1646 PORTSMOUTH LAKE DRIVE
<b>CITY- ST- ZIP</b>	BRANDON FL 33511-1875
<b>DOCUMENT #</b>	
<b>NAME</b>	NANAKUMO, VENAN E
<b>STREET ADDRESS</b>	P.O. BOX 340715
<b>CITY- ST- ZIP</b>	TAMPA FL 33694
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

<b>13. ADDRESS CHANGES ONLY</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
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<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

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04/30/05-80102-013-141.25

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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** JOE C JOHNSON (JOE CYRIL JOHNSON) 4/15/05 813-651-9414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #