


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 30, 2007 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			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0795569	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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 # NAME STREET ADDRESS CITY - ST - ZIP	JOHNSON, JOE C 1646 PORTSMOUTH LAKE DRIVE BRANDON FL 33511-1875		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	NANAKUMO, VENAN E P.O. BOX 340715 TAMPA FL 33694		STREET ADDRESS CITY - ST - ZIP		
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14. I hereby 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: <i>Joe C. Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/24/07 813-634-0196 <small>Date Daytime Phone #</small>		



1st MOORE CR2E003 (10/06)

SAMPLE CHECK HERE