

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 31 AM 9:19

DOCUMENT # A03000001747

1. Entity Name
COVALIAN LTD.



Principal Place of Business
200 SOUTH INDIAN RIVER DRIVE, SUITE 301
FORT PIERCE, FL 34950

Mailing Address
200 SOUTH INDIAN RIVER DRIVE, SUITE 301
FORT PIERCE, FL 34950

2. Principal Place of Business
201 S. 2ND ST.
Suite, Apt. #, etc.
115

3. Mailing Address
P.O. BOX 4382
Suite, Apt. #, etc.

03092005 Chg-LP CR2E003 (10/03)

City & State
FORT PIERCE, FL

City & State
FT. PIERCE, FL

4. FEI Number
20-0559071

Applied For
Not Applicable

Zip 34950 Country USA

Zip 34948 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLOYD, VINCENT A
200 SOUTH INDIAN RIVER DRIVE, SUITE 301
FORT PIERCE, FL 34950

Name

Street Address (P.O. Box Number is Not Acceptable)
201 S. 2ND ST. #115

City FT. PIERCE FL Zip Code 349

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 *Vincent A. Lloyd* VINCENT A. LLOYD 3-10-2005
Signature, typed or printed name of registered agent, and title if applicable. DATE

9. Capital Contributions as Shown on record. \$40,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 VINCENT A. LLOYD AS TRUSTEE OF THE VINCENT
STREET ADDRESS 200 SOUTH INDIAN RIVER DRIVE, SUITE 301
CITY-ST-ZIP FORT PIERCE, FL 34950

STREET ADDRESS 201 S. 2ND ST #115
CITY-ST-ZIP FT. PIERCE, FL 34950

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CITY-ST-ZIP

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: *Vincent A. Lloyd* VINCENT A. LLOYD 3-10-05 772 466-6120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE