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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zovan Partners, LLP
(Name of Limited Partnership)

DOCUMENT NUMBER: _____

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clyde C. Vanterpool
(Name of Person)

Zovan Partners, LLP
(Firm/Company)

4421 Sun W Lake Blvd Suite C
(Address)

Sebring, FL 33872
and Zip Code)

For further information concerning this matter, please call:

Clyde C. Vanterpool at (813) 402-0881
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 16, 2004

CLYDE C. VANTERPOOL
4421 SUN N LAKE BLVD., SUITE C
SEBRING, FL 33872

SUBJECT: PREVCO, LIMITED
Ref. Number: W0400002242

We have received your document for PREVCO, LIMITED and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 204A00003063

CERTIFICATE OF LIMITED PARTNERSHIP

1. Zovan Partners, L.L.P.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 4421 sun-n-lake blvd, suite c, sebring fl,33872
(Business address of Limited Partnership)

3. clyde vanterpool
(Name of Registered Agent for Service of Process)

4. 4421 sun-n-lake blvd, suite c, sebring fl,33872
(Florida street address for Registered Agent)

5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 4421 sun-n-lake blvd, suite c, sebring fl,33872
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 1/05/2034

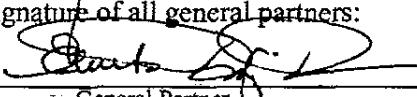
8. Name(s) of general partner(s): _____ Street address: _____

Ernesto Pinzon 4421 sun-n-lake blvd, suite c, se

Clyde Vanterpool 4421 sun-n-lake blvd, suite c, se

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 5 day of JANUARY, 2004

Signature of all general partners:

General Partner


General Partner

General Partner

General Partner

General Partner

General Partner

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TALLAHASSEE
STATE OF FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Zovan Partners, LLLP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 60,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 60,000.

Signed this 5 day of JANUARY, 2004

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.


General Partner


General Partner

General Partner

General Partner

General Partner

General Partner