


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

<b>DOCUMENT # A04000000320</b>		
1. Entity Name <b>ZOVAN PARTNERS, LLLP</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 25 AM 10:48

Principal Place of Business <b>4421 SUN-N-LAKE BLVD., SUITE C SEBRING FL 33872</b>	Mailing Address <b>4421 SUN-N-LAKE BLVD., SUITE C SEBRING FL 33872</b>
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>VANTERPOOL, CLYDE 4421 SUN-N-LAKE BLVD., SUITE C SEBRING FL 33872</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>N/A</b> City <b>FL</b> 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 N/A  
Signature, typed or printed name of registered agent and title if applicable DATE

**11: FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$60,000.00** 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 #		STREET ADDRESS	
NAME	<b>PINZON, ERNESTO</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4421 SUN-N-LAKE BLVD., SUITE C</b>		
CITY-ST-ZIP	<b>SEBRING FL 33872</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>VANTERPOOL, CLYDE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4421 SUN-N-LAKE BLVD., SUITE C</b>		
CITY-ST-ZIP	<b>SEBRING FL 33872</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**500047970935**  
**03/08/05--01064--017 \*\*526.25**

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: Clyde Vanterpool 02/20/05 863 402 0881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE