

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A04000000320**

1. Entity Name  
**ZOVAN PARTNERS, LLLP**



Principal Place of Business  
**2950 ALT US HWY 27 SO  
SUITE A&B  
SEBRING, FL 33870-4973**

Mailing Address  
**2950 ALT US HWY 27 SO  
SUITE A&B  
SEBRING, FL 33870-4973**



04162007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2443095**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VANTERPOOL, CLYDE  
2950 ALT US HWY 27 SO  
SUITE B  
SEBRING, FL 33870-4973**

**DO NOT WRITE  
IN THIS SPACE**

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 *Walter*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

4/17/07

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PINZON, ERNESTO  
2950 ALT US HWY 27 SO, SUITE A  
SEBRING, FL 33870**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VANTERPOOL, CLYDE  
2950 ALT US HWY 27 SO, SUITE B  
SEBRING, FL 33870**

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**DO NOT WRITE  
IN THIS SPACE**

U00000718626  
05/01/07-80028-022 500.00

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

04/16/07 (863) 471-1300

STAPLE CHECK HERE