

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 14, 2008 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

DO NOT WRITE IN THIS SPACE



03082008 No Chg-LP CR2E003 (12/06)

4. FEI Number 56-2443095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 04/03/08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U00000898155
 04/25/08-80077-011 500.00

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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STAPLE CHECK HERE

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: DATE 04/03/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #