

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -2 AM 8: 16

1. Name of Limited Partnership

NOVA ASSOCIATES, LTD.

1a. DOCUMENT #
A17226



M/K 1/9/97

Mailing Address
**5001 PHILLIPS HWY. #7B
JACKSONVILLE FL 32207**

Principal Office Address
**5001 PHILLIPS HWY. #7B
JACKSONVILLE FL 32207**

3. Date Formed or Registered
06/13/1984

5a. Capital Contributions as Shown on record.
\$48,000.00

3a. Report
01/12/1996

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. **59-2453474**

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**DRUMMOND, KENNETH W.
5001 PHILLIPS HIGHWAY
JACKSONVILLE FL**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

600002054716--6

Suite, Apt. #, etc.

-01/10/97--01107--002

City

******474.75 ****474.75**

FL

10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**PROPERTY PLANNING, INC.
LANDCOM INC.**

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**3100 UNIVERSITY BLVD
5001 Phillips Hwy #7B
4210 BAYMEADOWS ROAD**

11b. City, State & Zip Code

**JACKSONVILLE FL
JACKSONVILLE FL**

11c. Registration/ Document Number

**587608
F87225**

APR SWAN
**336.00
178.75
474.75**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 600, Florida Statutes.

SIGNATURE

DATE

12-31-96

Typed or Printed Name of General Partner Signing Form

KENNETH DRUMMOND

Daytime Telephone Number

904-777-1202

CR2E003 (6/96)