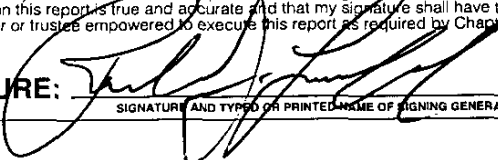


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -2 AM 11:11

<b>DOCUMENT # A20344</b>			
1. Entity Name EAVD LIMITED PARTNERSHIP			
Principal Place of Business 20 E. MAIN ST. STE. 300 WATERBURY, CT 06702		Mailing Address 20 E. MAIN ST. STE. 300 WATERBURY, CT 06702	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  LOMBARD, RONALD J 23531 SANDYCREEK TERRACE, #903 BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$19,724.00		10. Amount of Capital Contributions in FLORIDA to date. 19,724.00	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LOMBARD, RONALD J	CITY-ST-ZIP	
STREET ADDRESS	20 E. MAIN STREET STE.300		
CITY-ST-ZIP	WATERBURY, CT 06707		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	DORSO, ANTHONY V JR	CITY-ST-ZIP	
STREET ADDRESS	217 BEECHER AVENUE APT. A		
CITY-ST-ZIP	WATERBERRY, CT 06705		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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: 		2/4/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE

02/10/05 01019--014  
\$138.04

FF \$226.82

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