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

DOCUMENT#A93000001182

1. Entity Name * LAVI LIMITED PARTNERSHIP

FILED May 01, 2007 08:00 AM Secretary of State

Principal Place of Business

1717 PENN AVE SUITE 5006 PITTSBURG, PA 15221 Mailing Address

1717 PENN AVE **SUITE 5006**

PITTSBURG, PA 15221



DO NOT WRITE IN THIS SPACE

04052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0450693 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

HCRM CORP. 2200 CORPORATE BLVD., N.W., SUITE 401 BOCA RATON, FL 33431

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

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	P02246 NOVA MARKETING AND DEVELOPMENT CORP. 1717 PENN AVE., STE. 5006 PITTSBURGH, PA 15221
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
-	DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000752695 05/21/07-80026-011 508.75

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 eath; 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 AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER

412-371-5105

Daytime Phone #