2001 Oldin Oldin DOUNIEGO	mei oni (obi		
DOCUMENT # A94000002 1. Entity Name	246		
HVA LIMITED PARTNERSHIP		FILED	
Principal Place of Business Mailing Ad		01 JUL 11 AM 8: 47	
•	EWPORT CENTER DRIVE D BEACH FL 33442	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Dringing Diagram (Duging)			
2. Principal Place of Business 3. Mailing A 2855 So. Congress Ave 2855	So. CONERESS AL	VÉ	
Suite, Apt #, etc. Suite, Ap City & State	t. #, etc.	DUE BY SEPTEMBER 26, 2001	
DELMAY BEACH 7L. DELT	-ay BEACL 7 L	4. FEI Number 65-0472714 Applied For Not Applicable	
6. Name and Address of Current Registered Ad	KS USA	5. Certificate of Status Desired	
VAN ARNEM, HAROLD L	Name	,	
1301 W. NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
DEENFIELD DEACH FE 33442	Sui	Ite Derival FL Zipportelist	
The above named entity submits this statement for the purpose of changing its registered office a registered agent, or both, in the State of Florida. GNATURE			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature	ure required when reinstating) DATE	
as Shown on record. \$\psi_1,020,000.00 in		, 826, 000. 00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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 INFORMATIO DOCUMENT / P93000033207	N 13.	ADDRESS CHANGES ONLY	
NAME HVA CORPORATION STREET ADDRESS 1301 W. NEWPORT CENTER DRIVE	STREET ADDRESS	2855 So. Congress Ave-Suite B Deliay Bench, 7L. 33445	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	CHY-ST-ZIP	Delray Bench, 7L. 33445	
NAME STREET ADDRESS :	STREET ADDRESS		
CITY-ST-ZIP DOCUMENT #	CITY-ST-ZIP	9000044849298 -07/18/0101080011	
NAME Street Address	STREET ADDRESS	****526.25 ****526.25	
CITY-ST-ZIP DOCUMENT #	CITY-ST-ZIP		
NAME STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP DOCUMENT #	CITY-ST-ZIP	t de la constant de l	
NAME STREET ADDRESS	STREET ADDRESS		
CITY-(\$-ZIP-	CITY-ST-ZIP	1	
NAME 🖔	STREET ADDRESS		
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does	not qualify for the exemption states	ed 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 signatu	re snall have the same legal effect.	et as if made under oath; that I am a General Partner of the limited partnership or (

STAPLE CHECK HERE