2002 UNIFORM	BUSINESS	REPORT	(UBR)
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2002	UNIFURM BUSI	MESS NEPU	11	- DNJ	- Marine				2275
1. Entity Name	, ,	0000246				FILED			5 AT
HVA LIMI	ITED PARTNERSHIP				02 A	PR 30 PM 4	19		
Principal Place	IGRESS AVE., STE. B	Mailing Address 2855 SO. CONGRESS AVE DELRAY BEACH FL 33445	:: STE: B	_	SEC TALL	RETARY OF ST AHASSEE FLO	ATE RIDA		
		3. Mailing Address ,			(10818))				
2. Principal Pi	ace of Business No. Ocean Blvd.	733 No.	DCEA	NBLV	<u>d.</u>				1
Suite, Apt.	•	Suite, Apt. #, etc.				DUE BY MAY	1, 2002		
City & State	, 1	Oity & State Le ray BE	ACL	. 7L	4. FEI Number	65-0472714		Applied For Not Applicable	
	33 Country USA	3°3483	Country		5. Certificate of	f Status Desired		75 Additional Required	
0070	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New Regis	tered Agen	1	-
VAN ADNI	em, harold l			Name 					ļ
	CONGRESS AVE., STE. B			Street Addre	ss (P.O. Box Number	is Not Acceptable)	/d		
-DELFAY-E	BEACH FL 33445			<i>'</i>					
. `] '	Delra	4 BETA	eh	FL	Zip Code 33483	
8. The above	named entity submits this statement for	the purpose of changing its r	registered	office or regi	stered agent, or both	, in the State of Florida	l.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.					DATE		
9. Capital Cor as Shown of	on record.	10. Amount of Capita in FLORIDA to da	ate.	10	26,000.00		SIDE FOR FE	DEPT. OF STATE E INFORMATION	
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN	TITY MU:	ST BE REG	SISTERED AND A	CTIVE WITH THIS (I to change a gene	OFFICE. ral partne	r.	
12.	GENERAL PARTNER		13.			ADDRESS CHANG	ES ONLY		┤╒
DOCUMENT # NAME STREET ADDRESS	P93000033207 HVA CORPORATION 28 55-SO. CONGRESS AVE., STE	. B. -		ADDRESS	733 1		AW	BLud.	2E003 (9/01)
CITY-ST-ZIP	DELRAY-BEACH FL 33445		CITY-S1	r-zip	Jelray	DEACH	, 71	. <i>33483</i>	S S S S S S S S S S S S S S S S S S S
DOCUMENT # NAME			STREET	ADDRESS	· ·	<u></u>	-	<u> </u>	
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP					
DOCUMENT /			STREET	ADDRESS	80	05/10/03 -05/10/03	041 3 20103	3 30 07	
NAME STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP		※※※※526。	25 **	**525.25	
DOCUMENT #	-		STREET	ADDRESS					
NAME Street Address City-St-Zip			CtTY-S	T-ZIP					
DOCUMENT #			STREET	ADDRESS					_
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP					
DOCUMENT # NAME ^S			STREET	ADDRESS		<u> </u>			_
STREET ADDRESS CITY-ST-ZIP			CITY-S	1					
Indicator	certify that the information supplied with d on this report is true and accurate and ver or trustee empowered to execute this	that my signature shall have s report as required by Chap	tne same i ter 620, Fl	edai effect a	s ii made diider oatii s), Florida Statutes. I fui that I am a General P	ther certify tartner of the	that the information limited partnership o	ر ا
l .	11 /*),	/ / /	1/00	' L	• 1	CIAAI			.1

SIAPLE UNEUN HENE

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/02 561-360-6556
Date Daytime Phone #