

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -5 PM 7:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A94000000246
1. Entity Name
HVA LIMITED PARTNERSHIP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12 SOUTH EAST 1st AVE
Suite, Apt. #, etc.

3. Mailing Address
12 SOUTH EAST 1st AVE
Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip
33444 Country
USA

Zip
33444 Country
USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number
65-0472714 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DREW M. LEVITT, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
855 SOUTH FEDERAL HWY. SUITE 212

City BOCA RATON FL Zip Code 33432

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 Drew Levitt DATE 3/25/03

9. Capital Contributions as Shown on record. 1,826,000.

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 INFORMATION		
DOCUMENT #	<u>HVA CORPORATION P93000033207</u>	STREET ADDRESS
NAME	<u>12 SOUTH EAST 1ST. AVE.</u>	CITY-ST-ZIP
STREET ADDRESS	<u>DELRAY BEACH, FL 33444</u>	<u>100016068531</u>
CITY-ST-ZIP		<u>04/15/03--01042--005 **508.75</u>
DOCUMENT #		STREET ADDRESS
NAME		CITY-ST-ZIP
STREET ADDRESS		<u>100016068531</u>
CITY-ST-ZIP		<u>05/05/03--01108--001 **26.25</u>
DOCUMENT #		STREET ADDRESS
NAME		CITY-ST-ZIP
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THIS SPACE
DOCUMENT #		STREET ADDRESS
NAME		CITY-ST-ZIP
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		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: Betty E. Allen, Secretary DATE 3/25/03 DAYTIME PHONE # 561-272-2912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003B (12/02)

STAPLE CHECK HERE