

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 JAN -9 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*2/1/97*

**1.** Name of Limited Partnership  
**1a.** DOCUMENT #  
A96000001921

SVN Partnership, Ltd.

**2.** Mailing Address  
434 Camille Drive  
Osprey, Florida 34229

**2a.** Principal Office Address  
147 Tampa Avenue East  
Venice, Florida 34283

Suite, Apt. #, etc.  
City & State  
Zip Country

**3.** Date Formed or Registered  
10/21/96

**3a.** Date of Last Report

**4.** State or Country of Formation  
Florida

**5a.** Capital Contributions as Shown on record  
\$70,000

**5b.** Amount of Capital Contributions in FLORIDA to date:  
\$70,000

**6.** FEI Number  
65-0705654  
 Applied For  
 Not Applicable

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

**8.** Make check payable to: Dept. of State (See reverse side for fee information)

**9.** Name and Address of Current Registered Agent  
Harvey N. Stanley  
434 Camille Drive  
Osprey, Florida 34229

**10.** If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. # etc  
City FL Zip Code

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/ Document Number
New Age Development Group, Inc.	434 Camille Drive	Osprey, Florida 34229	P96000016806 900002062549--8 -01/17/97--01120--022 ****585.00 ****585.00

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: *Gregory E. Vine Secretary* DATE: 1/6/97  
 Typed or Printed Name of General Partner Signing Form: Gregory E. Vine Daytime Telephone Number: 941-488-8143

CR2E003 (6/96)