

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR -2 AM 10:02

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

SVN PARTNERSHIP, LTD.



2. Mailing Address **2a.** Principal Office Address

434 CAMILLE DR
OSPREY FL 34229 147 TAMPA AVE E
VENICE FL 34283

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

3. Date Formed or Registered
10/16/1996

3a. Date of Last Report
01/09/1997

4. State or Country of Formation
FL

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)

5a. Capital Contributions as Shown on record.
\$140,000.00

5b. Amount of Capital Contributions in FLORIDA to date:
140,000.00

9. Name and Address of Current Registered Agent

STANLEY, HARVEY N
434 CAMILLE DRIVE
OSPREY FL 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.**

11. Name(s) of General Partner(s)

NEW AGE DEVELOPMENT GROUP, I

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

434 CAMILLE DRIVE

11b. City, State & Zip Code

OSPREY FL 34229

11c. Registration/Document Number

P96000016806

800002454588--3
-03/11/98--01119--010
******526.25 ****526.25**

KWM

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

12. I do 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 Harvey N. Stanley DATE FEB. 27, 1998
Typed or Printed Name of General Partner Signing Form HARVEY N. STANLEY Daytime Telephone Number 941 966-1390

CR2E003 (12/97)