

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAR -8 AM 10:36

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000001921

SVN PARTNERSHIP, LTD.

94-AB  
CM



Mailing Address

Principal Office Address

434 CAMILLE DR  
OSPNEY FL 34229

147 TAMPA AVE E  
VENICE FL 34283

3. Date Formed or Registered

10/16/1996

5a. Capital Contributions as  
Shown on record

\$140,000.00

3a. Date of Last Report

03/02/1998

5b. Amount of Capital  
Contributions in FLORIDA  
to date

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)

2. Mailing Address

2a. Principal Office Address

P.O. Box 115  
Suite, Apt. #, etc.  
LAUREL FL  
City & State

1951 WHITE FEATHER LN.  
Suite, Apt. #, etc.  
City & State  
NOKOMIS FL

Zip Country

34278-0115 USA

Zip Country

34275-5316 USA

9. Name and Address of Current Registered Agent

STANLEY, HARVEY N  
434 CAMILLE DRIVE  
OSPNEY FL 34229

10. If changed, new Registered Agent/Office

Name  
STANLEY, HARVEY N.  
Street Address (P.O. Box Number is Not Acceptable)  
1951 WHITE FEATHER LN  
Suite, Apt. #, etc.  
City  
NOKOMIS FL Zip Code  
34275-5316

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

NEW AGE DEVELOPMENT GROUP, I

434 CAMILLE DRIVE

OSPNEY FL 34229

P96000016806

200002815702--0  
-03/23/99--01040--018  
\*\*\*\*\*437.50 \*\*\*\*\*437.50

200002815702--0  
-03/23/99--01040--019  
\*\*\*\*\*88.75 \*\*\*\*\*88.75

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 as Pres

DATE 2-9-99

Typed or Printed Name of General Partner Signing Form

HARVEY N. STANLEY

Daytime Telephone Number

941 482-1058

CR2E003 (8/98)