

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015677
AT

02 JUN -3 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A96000001921

1. Entity Name
SVN PARTNERSHIP, LTD.

Principal Place of Business
**1951 WHITE FEATHER LANE
NOKOMIS FL 34275-5316**

Mailing Address
**P.O. BOX 115
LAUREL FL 34272-0115**

2. Principal Place of Business
395 Commercial Court

3. Mailing Address
395 Commercial Court

Suite, Apt. #, etc.
Suite A

City & State
Venice, FL

Zip
34292

Country
USA

DUE BY MAY 1, 2002

4. FEI Number
65-0705654

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STANLEY, HARVEY N
1951 WHITE FEATHER LANE
NOKOMIS FL 34275-5316**

7. Name and Address of New Registered Agent

Name
Michael W. Miller

Street Address (P.O. Box Number is Not Acceptable)
395 Commercial Court, Suite A

City
Venice

State
FL

Zip Code
34292

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.

SIGNATURE **4/29/02**

Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$140,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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 #	P96000016806
NAME	NEW AGE DEVELOPMENT GROUP, INC.
STREET ADDRESS	434 CAMILLE DRIVE
CITY-ST-ZIP	OSPREY FL 34229
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	305 Commercial Court, Suite A
CITY-ST-ZIP	Venice, FL 34292
STREET ADDRESS	400005728334--9
CITY-ST-ZIP	-06/10/02--01045--007
	****376.25 ****376.25
STREET ADDRESS	400005728334--9
CITY-ST-ZIP	-06/10/02--01045--008
	****150.00 ****150.00
STREET ADDRESS	
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: **4/29/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Miller, as President**

Daytime Phone #

CR2E003 (9/01)