


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000001716 1. Entity Name NOVA & HAND, LTD.	
---	---

FILED

04 FEB -2 AM 9:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 705 E. OAK STREET, SUITE E KISSIMMEE, FL 34744		Mailing Address 204 E. 17TH ST., STE. 202 COSTA MESA, CA 92627	
2. Principal Place of Business 837 N. Garland Avenue		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State	
Zip 32801	Country USA	Zip	Country
4. FEI Number 59-3462358		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

01062004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent DECUBELLIS & MEEKS PROFESSIONAL ASSOC. 837 N. GARLAND AVENUE ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
--	--

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

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
--	---

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000068021	STREET ADDRESS	
NAME	NOVA ROAD, INC.	CITY-ST-ZIP	
STREET ADDRESS	705 E. OAK STREET, SUITE E		
CITY-ST-ZIP	KISSIMMEE, FL 34744		
DOCUMENT #		STREET ADDRESS	800028011008
NAME		CITY-ST-ZIP	02/02/04--01053--014 **141.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

M THOMAS

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: Steven L. Gumpert Steven L. Gumpert 1/23/04 (949) 764-2669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE