

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB 14 AM 9:51

DOCUMENT # A97000001716

1. Entity Name
 NOVA & HAND, LTD.



Principal Place of Business 10933 84TH PLACE NE KIRKLAND, WA 98034	Mailing Address 204 E. 17TH ST., STE. 202 COSTA MESA, CA 92627
--	--



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

01082007 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
 59-3462358 Not Applicable

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

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 CFRA, LLC
 Street Address (P.O. Box Number is Not Acceptable)
4221 W. Boy Scout Blvd.
Suite 1000
 City TAMPA FL ^{Zip Code} 33607

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 [Signature] DANIEL L. DECUBELLIS 2/18/07
 Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 # P97000068021
 NAME NOVA ROAD, INC.
 STREET ADDRESS 10933 84TH PLACE NE
 CITY-ST-ZIP KIRKLAND, WA 98034

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100088827471
 02/21/07--01008--007 **500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/12/07 (949) 764-2669
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE