


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # A97000001716 1. Entity Name NOVA & HAND, LTD.	
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Principal Place of Business 10933 84TH PLACE NE KIRKLAND, WA 98034	Mailing Address 204 E. 17TH ST., STE. 202 COSTA MESA, CA 92627
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3462358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CFRA LLC 4221 W BOY SCOUT BLVD SUITE 1000 TAMPA, FL 33607	DO NOT WRITE IN THIS SPACE
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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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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02/14/08-80018-023 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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 D. Gumpert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #