Applied For

\$8.75 Additional

Fee Required

Not Applicable

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A97000001716

2. Principal Place of Business

Country

Suite, Apt. #; etc.

SIGNATURE:

City & State

Zip

KISSIMMEE FL 34744



COSTA MESA CA 92627

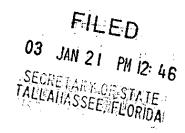
3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1. Entity Name NOVA & HAND, LTD. Mailing Address 204 E. 17TH ST., STE, 202 Principal Place of Business 705 E. OAK STREET. SUITE E





DUE BY MAY 1, 2003

4. FEI Number 59-3462358

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
DECUBELLIS & MEEKS PROFESSIONAL ASSOC.		Name		
837 N. GARLAND AVENUE		Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32801				
r (,		City	FL Zip Code	
The above named entity submits this statement for the purpose of changing its register			egistered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.			DATE	
9. Capital Co as Shown o			11. MAKE CHECK PAYABLE TO FL. 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	13.	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	P97000068021 NOVA ROAD, INC.	STREET ADDRESS		
STREET ADDRESS	705 E. OAK STREET, SUITE E	CITY-ST-ZIP		
CITY-ST-ZIP DOCUMENT #	KISSIMMEE FL 34744			
NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT#		STREET ADDRESS	800010398358	
NAME STREET ADDRESS		CITY-ST-ZIP	91/21/03 01095 032 **141.25	
CITY-ST-ZIP		G111-31-2IF		
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT /		OVERTY ADDRESS	20	
NAME		STREET ADDRESS	All	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS		
NAME STREET ADDRESS		CITY-ST-ZIP		
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				

Country