2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 APR 29 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001601

1. Entity Name
MASONOVA, LTD.

Principal Place of Business	Mailing Address
5652 ISABELLE AVENUE PORT ORANGE, FL 32127	5652 ISABELLE AVENUE PORT ORANGE, FL 32127

03042004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
5111 S. Ridgewood Ave	PO BOX 238071
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.
City & State: Port Orange, FL	City & State: PORT ORANGE, FL
Zip: 32127 Country: USA	Zip: 32127 Country: USA

4. FEI Number 59-3527674 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, D. ANDREW 5652 ISABELLE AVENUE PORT ORANGE, FL 32127	Name: D. Andrew Clark Street Address (P.O. Box Number is Not Acceptable): 5111 S. Ridgewood Ave Suite 300 City: Port Orange FL Zip Code: 32127

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: D. Andrew Clark D. Andrew Clark, PRES. 03.08.04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$7,425.00	MAR 22 2004

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 #	M98199	STREET ADDRESS	5111 S. Ridgewood ave, Suite 300
NAME	CLARK PROPERTIES CORPORATION	CITY-ST-ZIP	Port Orange, FL 32127
STREET ADDRESS	5652 ISABELLE AVENUE		
CITY-ST-ZIP	PORT ORANGE, FL 32127		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	900035842669
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: D. Andrew Clark D. Andrew Clark 03.08.04 386.763.2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #