

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001601	
1. Entity Name MASONOVA, LTD.	



Principal Place of Business 5111 RIDGEWOOD AVE., SUITE 300 PORT ORANGE, FL 32127	Mailing Address P.O. BOX 238071 PORT ORANGE, FL 32127
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3527674	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARK, ANDREW D 5111 RIDGEWOOD AVE., SUITE 300 PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, Partner* D. Andrew Clark, Partner 1-17-05
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$7,425.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
NAME	CLARK PROPERTIES CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	5111 RIDGEWOOD AVE., SUITE 300		
CITY-ST-ZIP	PORT ORANGE, FL 32127		
DOCUMENT #		STREET ADDRESS	1100000363298
NAME		CITY-ST-ZIP	05/05/05-90149-023 141.25
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CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, Pres.* D. Andrew Clark, Pres. 1-17-05 386-763-2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE