

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A06799**

1. Entity Name  
ANASTASIA ASSOCIATES, LTD.



Principal Place of Business  
516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 33756

Mailing Address  
516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 33756



01102008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1844551

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FLYNN, THOMAS F  
516 LAKEVIEW ROAD  
UNIT 8  
CLEARWATER, FL 33756

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

1100000234005

02/28/08-80044-006 508.75

**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 # L03000016977  
NAME DUNES, LLC  
STREET ADDRESS 516 LAKEVIEW ROAD, UNIT 8  
CITY- ST- ZIP CLEARWATER, FL 33756

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

Kevin T Flynn

2/15/08 727-449-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Vice-President of

Date

Daytime Phone #

LLC General Partner

STAPLE CHECK HERE