## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

AZURE TIDES ASSOCIATES LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

1a. DOCUMENT # **A06116** 

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 SEP 12 PM 3: 57



P.O. 80X 40 SARASOTA FL 34230	•					
SARASOTA FL 34230  SUIte, Apl. #, etc.  SUIte, Apl. #, etc.  SUIte, Apl. #, etc.  City & State  Country  SARASOTA FL 34230  SUIte, Apl. #, etc.  SUIte, Apl. #, etc.  City & State  SARASOTA FL 34230  SUIte, Apl. #, etc.  City & State  SARASOTA FL 34230  SUIte, Apl. #, etc.  City & State or Country of Formation  FL  Applied For  Not Applicable  SARASOTA FL 34230  SUIte, Apl. #, etc.  City & State or Country of Formation  FL  Applied For  Not Applicable  Sarasotrophysics of State Suite	Malling Address	Principal Office Address		3. Date Formed or Registered	<b>58.</b> Capital Contributions as Shown on record.	
2. Malling Address  2a. Principal Office Address  2bile, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State City & State  City & State & Control & State	P.O. BOX 40	P.O. BOX 40		11/28/1977	<b>*</b> 400.000.00	
2. Malling Address  28. Principal Office Address  29. Suite, Apt. #, etc.  29. Country  20. Country  20. Country  20. Country  39. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  88. Make check peyable to: Dept. of State (See reverse side for fee Information)  Name  ROSIN, ROBERT P.  222 OSPREY PT. DRIVE  OSPREY FL 34229  20. Suite, Apt. #, etc.  City  City	SARASOTA FL 34230			3a. Date of Last Report	\$100,000.00	
2. Malling Address  28. Principal Office Address  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Tip  Tip  Tip  Tip  Tip  Tip  Tip  Ti				02/03/1997	5b. Amount of Capital	
Sulte, Apt. #, etc.  Sp. 1787202  To Certificate of Status Desired  Sp. 7. Certificate of Status Desired Agent/Office  Name  Name  Street Address (P.O. Box Number Is Not Acceptable)  Sulte, Apt. #, etc.  City  FL  Zip Code  Total Parties of Changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general periner(s). I hereby accept the appointment of registered agent. I sm familiar with, and accept the obligations of section 620 192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner  DATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11b. City, State & Zip Code  11c. Document Number  THIRTEEN THIRTY BEN FRANKLIN  222 OSPREY PT. DR  OSPREY FL 34229  J01902	9 A-10- A-1-1	26 0 0 1 1 0 10 10 10 10 10 10 10 10 10 10		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Mailing Address	28. Principal Office Address		FI		
City & State  Country  Coun	Suite, Apt. #, etc.	Suite, Apt. #, etc.				
Zip Country  Zip Country  Zip Country  To	City & State	City & State		59-1787202	Applied For Not Applicable	
8. Make check peyable to: Dept. of State (See reverse side for fee Information)  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number Is Not Acceptable)  Substance (P.O. Box Number Is Not Acceptable)  FL				7. Certificate of Status Desired	\$8.75 Additional	
9. Name and Address of Current Registered Agent  ROSIN, ROBERT P. 222 OSPREY PT. DRIVE  OSPREY FL 34229  City  FL  Zip Code  10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this state one florida Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (b) NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/Document Number  THIRTEEN THIRTY BEN FRANKLIN  222 OSPREY PT. DR  OSPREY FL 34229  J01902	Zip Country	Zip Country		8. Make check payable to: Dept. of		
ROSIN, ROBERT P. 222 OSPREY PT. DRIVE OSPREY FL 34229  Sulte, Apt. #. etc.  City  FL  Zip Code  City  FL  Zip Code  Total purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.  Signature (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner  OSPREY FL 34229  J01902						
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THIRTEEN THIRTY BEN FRANKLIN  222 OSPREY PT. DR  OSPREY FL 34229  J01902						
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this fitting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and excurate and that my signature shell have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to executate and that my signature shell have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

September 6, 1997 Franklin, Thc., a Fia Corp.,

Robert P. Rosin , President Thirteen Thirty Ben Franklin, II