

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 12 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership ANASTASIA ASSOCIATES, LTD.		1a. DOCUMENT # A06799
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Mailing Address 2424 ENTERPRISE ROAD, SUITE-G CLEARWATER FL 33763--	Principal Office Address 2424 ENTERPRISE ROAD, SUITE-G CLEARWATER FL 33763--	3. Date Formed or Registered 09/14/1978	5a. Capital Contributions as Shown on record. \$217,350.00
		3a. Date of Last Report 12/12/1997	
2. Mailing Address 516 Lakeview Road Suite, Apt. #, etc. Unit 8 City & State Clearwater, Florida Zip Country 33756 Pinellas USA	2a. Principal Office Address 516 Lakeview Road Suite, Apt. #, etc. Unit 8 City & State Clearwater, Florida Zip Country 33756 Pinellas USA	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
		6. FEI Number 59-1844551	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent FLYNN, THOMAS F -2424 ENTERPRISE ROAD - -SUITE-G CLEARWATER FL 33763	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number Is Not Acceptable) 516 Lakeview Road	
	City Clearwater	
	City	Zip Code
	FL	33756

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 statement for the 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) *Thomas F. Flynn* DATE **10/23/98**

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 (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
FLYNN, THOMAS F	-2424 ENTERPRISE ROAD, -- 516 Lakeview Rd, Unit 8	CLEARWATER FL 33763 - 33756	500002691995--G -11/19/98--01090--021 ****535.00 ****535.00

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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 filing 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 accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Thomas F. Flynn* DATE **10/23/98**

Typed or Printed Name of General Partner Signing Form **Thomas F. Flynn** Daytime Telephone Number **727-449-1182 Ex 211**

CR2E003 (8/98)