

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

96 OCT -8 PM 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership SUGAR ISLAND ASSOCIATES, LTD.	1a. DOCUMENT # A14457 <i>an-ab cm</i>
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2. Mailing Address P.O. BOX 3106 DELRAY BEACH FL 33447	2a. Principal Office Address P.O. BOX 3106 DELRAY BEACH FL 33447
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 05/06/1983	5a. Capital Contributions as Shown on record \$2,050,000.00
3a. Date of Last Report 10/03/1995	5b. Amount of Capital Contributions in FLORIDA to date \$2,050,000.00
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. FH Number 59-2231996	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent TESKE, LEON E. 1177 NORTH EAST GEORGE BUSH BLVD. SUITE 307 DELRAY BEACH FL 33483

10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number) 590001977075-4 -10/16/96-01064-006 Suite, Apt #, etc. ****576.25 ****576.25 City _____ Zip Code FL

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 family with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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
DELRAY LAND, INC.	1177 NE GEORGE BUSH B	DELRAY BEACH FL	594484
FAIRFIELD ST. CROIX, INC.	1207 REBSAMEN PARK RO	LITTLE ROCK AR	F92000000051

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)(f), 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 effects 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 *Leon E Teske* DATE **9/30/96**
 Typed or Printed Name of General Partner Signing Form **Leon E. Teske, Vice President** Daytime Telephone Number **(561) 272-0151**

CR2E003 (6/96)