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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT# A21710

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 FEB -9 PM 1: 18



AEGEAN ASSOCIATES, LTD.					FOR BOTH BIRTH BIRTH GROUP U	 	
Malling Address	Principal Office Address			3. Date Formed or Registered	58. Capital Contributions as Shown on record.		
421 GULFVIEW BLVD. S. 421 GULFVIEW BLVD. S.				12/27/1985	1200		
CLEARWATER BEACH FL 34630	CLEARWATER BEACH FL 34630			3a. Date of Last Report	\$877-000 Cheed		
				01/03/1997 4. State or Country of Formation	5b. Amount of Cap Contributions in	tal FLORIDA	
2. Malling Address	2a. Principal Office Address	28. Principal Office Address			to date:		
				FL			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For		
City & State	City & State	City & State		59-2635693	Not Applicable		
Zip Country	Zip Country			7. Certificate of Status Desired	\$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			10. If changed, new Registered Agent/Office				
			Name				
rosenow, Kenneth G. 421 Gulfview Blvd. S.		Streel Address (P.O. Box Number Is Not Acceptable)					
CLEARWATER BEACH FL 33515		Suite, Apt. #, etc.					
		City			FL Zip Coo	le	
agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS		LIMITED	PART	DATE NERSHIP OR OTHE TH THIS OFFICE.	R BUSINESS	ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gener. (Do NOT Use Post Office B	al Partner ox Numbers)	11b.	City, State & Zip Code		istration/ ent Number	
AEGEAN SANDS, INC.	421 GULFVIEW BLVD. S.		CLEARWATER BEACH FL		H91681		
				2000024307124 -02/13/9801120021 *****141.25 ****141.25			
52.9	50 88.75		201				
Neta a General partners MAY NOT	be changed on this form	n; an am	endme	nt must be filed to cha	inge a general	partner.	
12, reby certify that the information supplied with the carrier of annual report is true and accurate and that my sit empowered to execute this report as required by the	n Section 119.07(3)(k) in the event that the ingrature shall have the same legal effects as plan 920, Florida Statutes.	ntormation sup if made under	plied is deen oath, i furth	ned exempt from public access, I further certify that I am a General Partner of	er certify that the informa	tion indicated on	
SIGNATURE TANTO STATE TO SECONDARY S							
Typed or Printed Name of General Pertner Signing Form Service 6. Kosawa Daytime Telephone Number 3/8 117 3144							