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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

empowered to execute this report as require

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A21710

FILED
DIVISION OF CORPORATIONS
98 DEC 31 AM 8: 32

	A21710						
AEGEAN ASSOCIATES, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capita	d Contributions as	
421 GULFVIEW BLVD. S.	421 GULFVIEW BLVD. S.			O2/09/1998 4. State or Country of Formation O2/09/1998 5b. Amount of Capital Contributions in FLO to date:		\$877,633.33	
CLEARWATER BEACH FL 34630	CLEARWATER BEACH FL 34630						
2. Mailing Address	2a. Principal Office Address					BURIONS IN FLORIDA B:	
			FL		CAMPA HAS BEEN KOME		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 59-2635693		Applied For Not Applicable	
City & State	City & State			7. Certificate of Status Desired	1	\$8.75 Additional Fee Required	
Zip Country	Zip C	Country		8. Make check payable to: Dept. of S	state (See reve		
9. Name and Address of Current	Registered Agent			10. If changed, new Registered	Agent/Office		
ROSENOW, KENNETH G. 421 GULFVIEW BLVD. S.		Name Street Address (P.O. Box Number is Not Acceptable)					
							CLEARWATER BEACH FL 33515
		City		FL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations	igistered agent, or both, in the State of Florida	limited partne a. Such chang	ership organi: ge was autho	zed or registered under the laws of the rized by its general partner(s). I hereby	State of Florid accept the ap	a, submits this statement pointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)				DATE			
A GENERAL PARTNER THAT	IS A CORPORATION, L BE REGISTERED AND	MITED ACTIV	PART /E WIT	NERSHIP OR OTHE H THIS OFFICE.	R BUSII	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Danta as	11b.	City, State & Zlp Code	11c.	Registration/ Document Number	
AEGEAN SANDS, INC.	AEGEAN SANDS, INC. 421 GULFVIEW BLVD. S.		CLEARWATER BEACH FL		H91681		
		,		400002 -01/20 *****1	/\$9 01	2147 1025001 ****150.00	
Note: General partners MAY NOT	he changed on this form	' an am	andmer	ot must be filed to sha	inge a ge	eneral partner	
12, I do hereby certify that the information supplied with thi							
Let 1 do nateby detaily that the intermedian supplied with the	Continue to A A A A A A A A A A A A A A A A A A	mostian ounni	lied in deaths	d avamet 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

Daytime Telephone Numb