

**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 Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
99 JAN 29 PM 3:55

1. Name of Limited Partnership Nassau Properties, Ltd.	1a. DOCUMENT # A98000002075
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Mailing Address 1325 Atlantic Ave. Fernandina, Beach, Fla. 32034	Principal Office Address (same)
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3. Date Formed or Registered Sept 4, 1998
3a. Date of Last Report Sept 4, 1998
4. State or Country of Formation Florida

5a. Capital Contributions as Shown on record \$65,000
5b. Amount of Capital Contributions in FLORIDA to date \$65,000

2. Mailing Address 1325 Atlantic Ave Suite, Apt. #, etc.	2a. Principal Office Address 1325 Atlantic Ave Suite, Apt. #, etc.
City & State Fernandina Beach, FLA Zip Country 32034 NASSAU	City & State Fernandina Beach, FLA Zip Country 32034 NASSAU

6. FEI Number 59-3524546	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input 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 V. James Facciolo Suite 1330 200 W. Forsyth St Jacksonville, Fla 32202

10. If changed, new Registered Agent/Office	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
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 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) _____ DATE _____

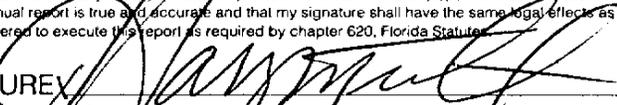
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) Trewett Construction Group, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1325 Atlantic Ave., Fernandina Beach, Fla 32034	11b. City, State & Zip Code Fernandina Beach, Fla 32034	11c. Registration/Document Number K23979
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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 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  DATE 1/27/99

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)