


**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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JAN 29 PM 3: 55	
1. Name of Limited Partnership Nassau Properties, Ltd.		1a. DOCUMENT # A98000002075			
Mailing Address 1325 Atlantic Ave. Fernandina, Beach, Fla. 32034		Principal Office Address (Same)		3. Date Formed or Registered Sept 4, 1998 3a. Date of Last Report Sept 4, 1998 4. State or Country of Formation Florida	
2. Mailing Address 1325 Atlantic Ave Suite, Apt. #, etc.		2a. Principal Office Address 1325 Atlantic Ave Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record \$65,000 5b. Amount of Capital Contributions in FLORIDA to date \$65,000	
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 32034	
				11c. Registration/Document Number K23979 200002769192-0 -02/09/99--01036--024 ****526.25 ****526.25	
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)