
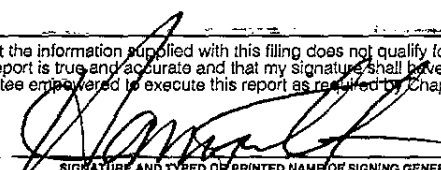


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002075</b> 1. Entity Name NASSAU PROPERTIES, LTD.					
Principal Place of Business 1551 S. 14TH ST. FERNANDINA BEACH, FL 32034			Mailing Address 1551 S. 14TH ST. FERNANDINA BEACH, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3524546</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FACCILOLO, V. JAMES 1551 SOUTH 14TH STREET, STE. B FERNANDINA BEACH, FL 32034				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent, and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$65,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	1325 ATLANTIC AVENUE		CITY - ST - ZIP		
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034				
DOCUMENT #			STREET ADDRESS	U00000365584	
STREET ADDRESS			CITY - ST - ZIP	05/11/05 80087 012 526.25	
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			HARRY R. TREVETT GEN PARTNER		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/29/05 (904) 261-2235 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE