

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 31 PM 3:10



1. Name of Limited Partnership	1a. DOCUMENT # A94000000606
ELO ASSOCIATES, LTD.	

Mailing Address % THE STILES CORPORATION 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309		Principal Office Address % THE STILES CORPORATION 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309		3. Date Formed or Registered 04/28/1994	5a. Capital Contributions as Shown on record \$11,000,000.00
				3a. Date of Last Report 01/26/1996	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FL ORIDA to date \$11,858,422.12
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip Country		Zip Country		6. FEI Number 65-0486812 <input type="checkbox"/> Applied For <input checked="" 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 DUKE, BRYAN W ESO % STILES CORPORATION 6400 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309		10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 800002054652--8 Suite, Apt #, etc. -01/10/97--01102509 City ****576.25 ****576.25 FL	
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
EAST LOS OLAS INVESTORS	6400 NORTH ANDREWS AV	FT. LAUDERDALE FL 333	G95066900014

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 Typed or Printed Name of General Partner Signing Form BRYAN W. DUKE, VICE PRESIDENT	DATE 12-30-96 Daytime Telephone Number (954) 776-9300