


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

<b>DOCUMENT # A99000000463</b> 1. Entity Name S/ELA GP, LTD.	
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Principal Place of Business 300 SE 2ND STREET FORT LAUDERDALE, FL 33301	Mailing Address 300 SE 2ND STREET FORT LAUDERDALE, FL 33301
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

2005 MAY -9 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01032005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent  JONES, PATRICIA 300 SE 2ND STREET FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number 65-0910028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable.

9. Capital Contributions as Shown on record. <i>\$22,295.39</i>	10. Amount of Capital Contributions in FLORIDA to date. <i>\$22,295.39</i>
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # P99000026514 NAME S/ELA GP, INC. STREET ADDRESS 300 SE 2ND STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33301	STREET ADDRESS CITY-ST-ZIP
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 05/10/05--01012--008 \*\*244.92

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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:** *Rocco Ferrera* *4/25/05* *954/627-9300*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #