

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 31 PM 3:52

DOCUMENT # A99000000463

1. Entity Name
 S/ELA GP, LTD.



Principal Place of Business
 300 SE 2ND STREET
 FORT LAUDERDALE, FL 33301

Mailing Address
 300 SE 2ND STREET
 FORT LAUDERDALE, FL 33301

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01142008 Chg-LP CR2E003 (12/06)

4. FEI Number
 65-0910028 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

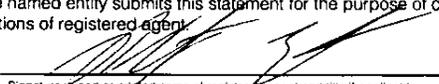
Name
 Robert Esposito

Street Address (P.O. Box Number is Not Acceptable)
 c/o Stiles Corporation

300 SE 2nd Street

City
 Fort Lauderdale FL Zip Code
 33301

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.

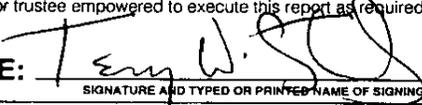
SIGNATURE  Robert Esposito 1/31/08
Signature typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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	STREET ADDRESS	
NAME	S/ELA GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 SE 2ND STREET		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	700121511177
NAME		CITY-ST-ZIP	03/28/08--01012--014 **500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Terry W. Stiles January 31, 2008 954-627-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE