


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000083		
1. Entity Name ELIE'S CORNER, LTD.		

Principal Place of Business 5446 N. BAY ROAD MIAMI BEACH FL 33140	Mailing Address P.O. BOX 402097 MIAMI BEACH FL 33140-2097
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number **65-1037475** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GLOTTMANN, SAUL
5446 N. BAY ROAD
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$100.00** 10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.
 See Block 11 instructions for fee info.

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

DOCUMENT #	P00000003213
NAME	ELIE'S CORNER, INC.
STREET ADDRESS	PO BOX 402097
CITY-ST-ZIP	MIAMI BEACH FL 33140

DOCUMENT #	
NAME	
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CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	U000000363022
CITY-ST-ZIP	05/05/05-80141-008 141.25

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
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)(f), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **SAUL GLOTTMANN-POA** **4/22/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE