

**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 16 PM 12:56

1. Name of Limited Partnership

1a. DOCUMENT #
A25397

**ELL-CAP 32 - VERO BEACH, A CALIFORNIA LIMITED PA
RTNERSHIP**

Mailing Address

~~5660 MAGADAM~~
~~SW-2ND FLOOR~~
~~PORTLAND OR 97201~~

Principal Office Address

~~5660 MAGADAM~~
~~SW-2ND FLOOR~~
~~PORTLAND OR 97201~~

2. Mailing Address

33 N. Garden
Suite, Apt. #, etc.
950

2a. Principal Office Address

33 N. Garden
Suite, Apt. #, etc.
950

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

34615

Country

USA

Zip

34615

Country

USA

3. Date Formed or Registered

10/27/1987

5a. Capital Contributions as
Shown on record

\$1,380,000.00

3a. Date of Last Report

11/01/1995

4. State or Country of Formation

CA

5b. Amount of Capital
Contributions in FLORIDA
to date

1,380,000

6. FEI Number

77-0152061

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒

\$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

DAWSON, GREG, ESQ.
BARNETT BANK BLDG., 100 LAURA ST.
JACKSONVILLE FL 32202

10. If changed, new Registered Agent/Office

Name **DEWISE WILLIAMS**
Street Address (P.O. Box Number Is Not Acceptable)
33 N. Garden
Suite, Apt. #, etc.
950
City **Clearwater** FL Zip Code **34615**

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)

Dewise C Williams

DATE

12/10/96

**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)

ELLENBURG CAPITAL CORP.
ELLENBURG, GERALD D.
DIVERSIFIED PARTNERS, INC

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

33 N. Garden # 950
~~**5660 MAGADAM, 2ND FLO**~~
33 N. GARDEN, #950
~~**5660 MAGADAM, 2ND FLO**~~
410 MASSACHUSETTS AVE

11b. City, State & Zip Code

Clearwater,
~~**PORTLAND OR**~~
Clearwater, FL 34615
~~**PORTLAND OR**~~
WASHINGTON DC

11c. Registration/
Document Number

P20909

P35023

200002034542--5
-12/20/96--01015--011
******585.00 ****585.00**

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

Ellenburg Capital Corporation, General Partner

SIGNATURE By:

Donna G. Schneider

DATE

11-12-96

Typed or Printed Name of General Partner Signing Form

Donna G. Schneider, its Secretary

Daytime Telephone Number

(503) 257-2600

CR2E003 (6/96)