

**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 12:59

1. Name of Limited Partnership

1a. DOCUMENT #
A26665

**ELL-CAP/DIVERSIFIED 43 - LANDINGS, A CALIFORNIA
LIMITED PARTNERSHIP**



Mailing Address

~~5550 MACADAM~~
~~SW END FLOOR~~
~~PORTLAND OR 97201~~

Principal Office Address

~~5550 MACADAM~~
~~SW END FLOOR~~
~~PORTLAND OR 97201~~

2. Mailing Address

~~33 N. Garden St~~

2a. Principal Office Address

~~33 N. Garden St~~

Suite, Apt. #, etc.

950

Suite, Apt. #, etc.

950

City & State

Clearwater FL

City & State

Clearwater FL

Zip

Country

34615 USA

Zip

Country

34615 USA

3. Date Formed or Registered

06/29/1988

5a. Capital Contributions as
Shown on record

\$2,400,000.00

3a. Date of Last Report

11/01/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

2,400,000

4. State or Country of Formation

CA

6. FEI Number

77-0181372

☐ 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 **DENISE 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)

Denise 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)

~~5550 MACADAM, SW 2ND~~
~~33 N. Garden, #950~~
~~5550 MACADAM, SW 2ND~~

410 MASSACHUSETTS AVE
33 N. Garden #950

11b. City, State & Zip Code

~~PORTLAND OR~~
~~Clearwater, FL 34615~~
~~PORTLAND OR~~

WASHINGTON DC
Clearwater, FL
34615

11c. Registration/
Document Number

P20909

P35023

100002034541--8

-12/20/96--01015--010

****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

Telephone Number (503) 257-2600

CR2E003 (6/96)