


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 04, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A27855 1. Entity Name ELLENTON ASSOCIATES, LTD. |  |
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|---|---|
| Principal Place of Business 200 SOUTH WASHINGTON BLVD., SUITE 8 SARASOTA FL 34236 | Mailing Address 200 SOUTH WASHINGTON BLVD., SUITE 8 SARASOTA FL 34236 |
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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt #, etc | Suite, Apt #, etc |
| City & State | City & State |
| Zip | Country |



MOORE CR2E003 (11/03)

| | |
|---|--------------------------------|
| 4. FEI Number 59-2163839 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent OLIVIERI, N.J. 200 SOUTH WASHINGTON BLVD., SUITE 8 SARASOTA FL 34236 |
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| 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.

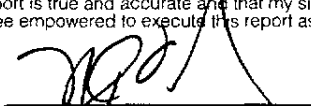
SIGNATURE _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable

| | | |
|---|--|--|
| 9. Capital Contributions as Shown on record. \$75,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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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 # | NAME | STREET ADDRESS | |
| STREET ADDRESS | OLIVIERI, N.J. | CITY - ST - ZIP | |
| CITY - ST - ZIP | 200 SOUTH WASHINGTON BLVD., SUITE 8 SARASOTA FL 34236 | | |
| DOCUMENT # | NAME | STREET ADDRESS | 000000159235 |
| STREET ADDRESS | | CITY - ST - ZIP | 05 10/04-80021-018 526.25 |
| CITY - ST - ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY - ST - ZIP | |
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| STREET ADDRESS | | CITY - ST - ZIP | |
| 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)(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:  **N.J. Olivieri** 4/27/04 941-365-0450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE