

**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
56 DEC 16 PM 12:33

1. Name of Limited Partnership

1a. DOCUMENT #
A28675

ELL-CAP/DIVERSIFIED 54 - INDIAN OAKS, A CALIFORNIA LIMITED PARTNERSHIP



Mailing Address

~~6550 MACADAM~~
~~OW-2ND FLOOR~~
~~PORTLAND-OR-97201~~

Principal Office Address

~~6550 MACADAM~~
~~OW-2ND FLOOR~~
~~PORTLAND-OR-97201~~

3. Date Formed or Registered

07/25/1989

5a. Capital Contributions as Shown on record.

\$1,350,000.00

3a. Date of Last Report

11/01/1995

5b. Amount of Capital Contributions in FLORIDA to date:

1,350,000.00

4. State or Country of Formation

CA

6. FEI Number

77-0221916

☐ 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)

33 N. Garden Ave

33 Garden Ave

Suite, Apt. #, etc.

950

Suite, Apt. #, etc.

950

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

Country

34615 USA

Zip

Country

34615 USA

9. Name and Address of Current Registered Agent

**DAWSON, GREGORY A.
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 Ave.

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 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 Garden #950

~~6550 MACADAM, OW-2ND~~

33 N. Garden #950

~~6550 MACADAM, OW-2ND~~

4910 MASSACHUSETTS AV

33 N. Garden Ave

11b. City, State & Zip Code

Clearwater, FL 34615

~~PORTLAND-OR~~

Clearwater, FL 34615

~~PORTLAND-OR~~

WASHINGTON DC

Clearwater, FL 34615

11c. Registration/Document Number

P20909

P35023

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******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)