

**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 1:28

1. Name of Limited Partnership

1a. DOCUMENT #
A29424

**ELL-CAP/DIVERSIFIED 59--HOLIDAY RANCH, A CALIFOR
NIA LIMITED PARTNERSHIP**



2/12/18

Mailing Address

~~5550 S.W. MACADAM~~
~~SUITE 200~~
~~PORTLAND OR 97201~~

Principal Office Address

~~5550 S.W. MACADAM~~
~~SUITE 200~~
~~PORTLAND OR 97201~~

3. Date Formed or Registered

12/20/1989

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

4. State or Country of Formation

CA

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

34615

Country

USA

Zip

~~97201~~ **34615** **USA**

Country

6. FEI Number

77-0234836

☐ 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, GREGORY M.
BARNETT BANK BUILDING
160 LAURA STREET
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 St
Suite, Apt. #, etc.
950
City **Clearwater** Zip Code **FL 34615**

10a. Pursuant to the provisions of sections 620, 105.1 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
(No NOT Box Numbers)

33 N. Garden # 950
5550 S.W. MACADAM
33 N. Garden Ave #950
5550 S.W. MACADAM
#910 MASSACHUSETTS AV
33 N. Garden
950

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

900002034539--4
-12/20/96--01015--008
******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.

SIGNATURE By: **Ellenburg Capital Corporation, General Partner**
Donna G. Schneider

DATE **November 15, 1996**

Typed or Printed Name of General Partner Signing Form **Donna G. Schneider, its Secretary**

Telephone Number **(503) 257-2600**