

**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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 16 PM 2:16

1. Name of Limited Partnership

1a. DOCUMENT #
A32074

ELL-CAP/DIVERSIFIED 76 ASSOCIATES, AN OREGON LIMITED PARTNERSHIP

Mailing Address

**5550 SOUTHWEST MAGADAM, SUITE 200
PORTLAND OR 97201**

Principal Office Address

**5550 SOUTHWEST MAGADAM, SUITE 200
PORTLAND OR 97201**

2. Mailing Address

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

City & State

Clearwater, FL

Zip

34615

Country

USA

2a. Principal Office Address

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

City & State

Clearwater, FL

Zip

34615

Country

USA

3. Date Formed or Registered

10/08/1991

3a. Date of Last Report

11/01/1995

4. State or Country of Formation

OR

5a. Capital Contributions as Shown on record.

\$3,914,000.00

5b. Amount of Capital Contributions in FLORIDA to date

3,914,000 -

6. FEI Number

93-1064146

☐

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

**EASTMAN, DAVID
PARKER, SKELDING, LABASKY & CARRY
318 NORTH MONROE
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

DATE

**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

5550 S.W. MAGADAM, #2

33 N. Garden, #950

5550 S.W. MAGADAM, #2

4918 MASS. AVE., #219

33 N. Garden #950

11b. City, State & Zip Code

Clearwater, FL 34615

PORTLAND OR

Clearwater, FL 34615

PORTLAND OR

WASHINGTON DC

Clearwater, FL

34615

500002034545--5

-12/20/96--01015--013

*****1170.00 ****585.00**

11c. Registration/Document Number

P20909

P35023

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

Donna G. Schneider, its Secretary (503) 257-2600

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)