

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
97 JAN -7 AM 8:52

1. Name of Limited Partnership

1a. DOCUMENT #
A33285

ELLINWOOD LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

4605 VILLAGE CENTER DR.
PALM HARBOR FL 34685

4605 VILLAGE CENTER DR.
PALM HARBOR FL 34685

3. Date Formed or Registered

07/31/1992

5a. Capital Contributions as
Shown on record.

\$1,345,000.00

3a. Date of Last Report

12/13/1995

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

57 333

4. State or Country of Formation

DE

2. Mailing Address

200 West Madison Street

2a. Principal Office Address

Suite, Apt. #, etc.

Suite 3800

Suite, Apt. #, etc.

City & State

Chicago, Illinois

City & State

Zip

60606

Country

Cook

Zip

Country

6. FEI Number

59-3128181

☐ 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

PIAZZA, ALBERT C.
4605 VILLAGE CENTER DR.
PALM HARBOR FL 34685

10. If changed, new Registered Agent/Office

Name

The Prentice-Hall Corporation System, Inc.

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

1201 Hays Street

Suite, Apt. #, etc.

Suite 105

City

Tallahassee

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)

Michel Dora

DATE

01-02-97

**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)

LANSBROOK DEVELOPMENT CORP

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

4605 VILLAGE CENTER D

11b. City, State & Zip Code

PALM HARBOR FL

11c. Registration/
Document Number

384080

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

Glen Miller, V.P.

DATE

1/4/97

Typed or Printed Name of General Partner Signing Form

Glen Miller, V.P.

Daytime Telephone Number

312 750 8400

CR2E003 (5/96)