


**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A33538	
ELL-CAP 83 - WINDMILL, AN OREGON LIMITED PARTNER SHIP			
Mailing Address 33 N. GARDEN ST. #950 CLEARWATER FL 34615		Principal Office Address 33 N. GARDEN ST. #950 CLEARWATER FL 34615	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 10/13/1992	
		3a. Date of Last Report 12/16/1996	
		4. State or Country of Formation OR	
		6. FEI Number 93-1062461	
		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
5a. Capital Contributions as Shown on record \$2,490,000.00			
5b. Amount of Capital Contributions in FL ORIDA to date \$2,490,000.00			
8. Make check payable to: Dept. of State (See reverse side for fee information)			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 24 PM 4:14



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9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
EASTMAN, DAVID 318 N. MONROE STREET TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	FL

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ELLENBURG CAPITAL CORP.	33 N. GARDEN ST. #950	CLEARWATER FL 34615	P20909
ELLENBURG, GERALD D.	33 N. GARDEN ST. #950	CLEARWATER FL 34615	
200002394302-- 8 -01/08/98--01091--011 ***550.00 ***550.00			

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

DATE

12-18-97

Typed or Printed Name of General Partner Signing Form

Gerald D. Ellenburg

Daytime Telephone Number

(813) 447-0900

CR2E003 (6/97)