

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR -4 PM 3: 36



1. Name of Limited Partnership

1a. DOCUMENT #  
A94000000578

E & L REALTY ASSOCIATES LTD.

Mailing Address

5105 MISSION HILLS AVE  
TAMPA FL 33617

Principal Office Address

5105 MISSION HILLS AVE  
TAMPA FL 33617

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

04/26/1994

3a. Date of Last Report

06/02/1998

4. State or Country of Formation

FL

6. FEI Number

65-0484604

☐ 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)

5a. Capital Contributions as  
Shown on record

\$495,000.00

5b. Amount of Capital  
Contributions in FL ORIDA  
to date:

9. Name and Address of Current Registered Agent

ELKIND, MANUEL  
5105 MISSION HILLS AVE  
TAMPA FL 33617

10. If changed, new Registered Agent/Office

Name

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

500002803485 - - 3

Suite, Apt. #, etc.

-03/12/99 --01002--016

City

\*\*\*526.25 \*\*\*526.25

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)

EGLM CORP.

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

5105 MISSION HILLS AV

11b. City, State & Zip Code

TAMPA FL 33617

11c. Registration/  
Document Number

P94000029165

**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 March 1, 1999

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)