2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# A94000000606 1. Entity Name ELO ASSOCIATES, LTD. FILED DIAPR 30 PM 3:53 Principal Place of Business Mailing Address % THE STILES CORPORATION % THE STILES CORPORATION SECRETARY OF STATE 6400 NORTH ANDREWS AVENUE 6400 NORTH ANDREWS ALENUE FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 300 SE 2nd Street 300 SE 2nd Street Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0486812 Ft. Lauderdale, FL Ft. Lauderdale, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33301 33301 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Patricia Jones</u> DUKE, BRYAN W ESQ Street Address (P.O. Box Number is Not Acceptable) % STILES CORPORATION c/o Stiles Corporation 6400 N. ANDREWS AVENUE 300 SE 2nd Street FT. LAUDERDALE FL 33309 City Zip Code 33301 Lauderdale. FL 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOT) Registered Agent signature required when reinstating) 9. Capital Contributions 10. Amount of Capit II Contributions 11. MAKE CHECK PAYABLE TO DEPT OF STATE in FLORIDA to d ite. \$ 11, 975, 123. 36 as Shown on record SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS EN TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on till e form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. CR2E003 (11/00) DOCUMENT # G95066900014 STREET ADDRESS 300 SE 2nd Street NAME EAST LOS OLAS INVESTORS STREET ADDRESS 6400 NORTH ANDREWS AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 Ft. Lauderdale, FL 33301 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP FF \$50h 05 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT 4 STREET ADDRESS NAME 400004219584--- -05/16/01--01004--003 ----****526,25-****526,25 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify fir the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Cha_i ter 620, Florida Statutes

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY ST-ZIP DOCUMENT #

CITY-ST-ZIP

2/21/01