

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001782

1. Entity Name

ELIASON, LTD.

Principal Place of Business

2897 VIA NAPOLI
DEERFIELD BEACH FL 33442

Mailing Address

2897 VIA NAPOLI
DEERFIELD BEACH FL 33442-8631

2. Principal Place of Business

1140 S.W. 19th Avenue
Suite, Apt. #, etc.

3. Mailing Address

1140 S.W. 19th Avenue
Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33486

Country

U.S.

Zip

33486

Country

U.S.

4. FEI Number

65-0542985

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON, DIANE E
2897 VIA NAPOLI
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

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

1140 S.W. 19th Avenue

City

BOCA RATON

FL

Zip Code

33486

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

535,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME ROBERTSON, DIANE E
STREET ADDRESS 2897 VIA NAPOLI
CITY - ST - ZIP DEERFIELD BEACH FL 33442

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1140 S.W. 19th Avenue
CITY - ST - ZIP BOCA RATON, FL 33486

DOCUMENT #
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CITY - ST - ZIP

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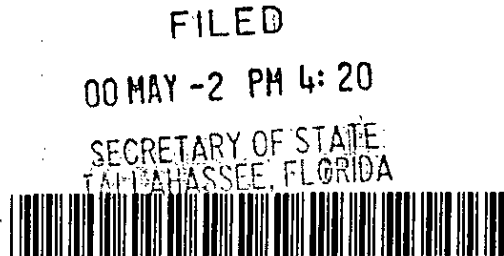
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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 Chapter 620, Florida Statutes

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

11-1111 1000 24-C