FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUÂL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State **DIVISION OF CORPORATIONS**

| | | | | | | | 97 JAN -2 AM 9: 44 | | | |
|---|---|--------------------------------|----------------------------|------------------------------|--|---|--|------------------------|--|--|
| 1. Name of Familied Particleship 1a. DOCUMENT # | | | | | | | | | | |
| ELLER ASSOCIATES, LTD. A96000002219 | | | | | | | _ | | | |
| | | | | | • | | | | | |
| Mailing Address | | Principa Off | ice Addr | oss | · · · · · · · · · · · · · · · · · · · | | 3. Date Formed or Registered | 5a. Capi | al Contributions as | |
| 701 SE 24th Street Ft. Lauderdale Fl 33316 Same | | | | | | | 12-5-96 | \$40,000 | | |
| Ft. Lauderdale, Fl | 33316 | i | same | 9 | | | 3a. Date of Last Report | 5b. Amo | unt of Capital | |
| Mailing Address 2a, Principa Office Address | | | | | | | 4. State or Country of Formation | to date: | | |
| Suite, Apt. #, etc | | Suite. Apt. #, etc. | | | | | Florida 6, FEI Number | \$40,000 | | |
| City & State | | City & State | | | | _ | Applied For Not Applicable | | | |
| | | | | | | | 7. Certificate of Status Desired | | \$8,75 Additional Fee Required | |
| Zip Country | 4 | ?iр | | | Country | | 8. Make check payable to: Dept. of | State (Seê rev | | |
| 9. Name and Address of Current Registered Agent | | | | | | 10. If changed, new Registered Agent/Office | | | | |
| Mark I | | | | | Name | | · · · · · · · · · · · · · · · · · · · | ······ | ······································ | |
| Nick Jovanovich, Esq. Berger & Davis, P.A. 100 NE 3rd Avenue, Suite 400 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | Suite, Apt. #, etc. | | | | | |
| Ft. Lauderdale, Fl | 33301 | | | Cily | | | FL | Zip Code | | |
| 10a. Pursuant to the provisions of sections for the purpose of changing its registe ager.* Familianiliar with, and accept the SIGNATURE (Registered Agen.* Accepting Applications). | red office or regist he obligations of se ointment) | ered agent, o sotion 620,19 | or both, ir 92, Florida | n the State of a Statutes | Florida, Such cha | nge was aul | horized by ils general pariner(s). I her | eby accept the | appointment of registere | |
| | | E REG | ISTE | RED A | ND ACTI | VE WIT | TH THIS OFFICE. | | Registration/ | |
| 11. Name(s) of General Partner(s) | | | o NOT U | se Post Offic | e Box Numbers) | 11b. | City, State & Zip Code | 11c. | Document Number | |
| Eller Associates, | inc. | \01 | SE | 24th | St. | Ft. | Lauderdale, F. 33316 | 1 P96 | 5000097719 | |
| | | | | | | \$ | | 2057 4/97 4:8.75 | 01176015 | |
| | | | | | | | | | KWM | |
| Nation Comment was to see 44. | AV NOT L. | | | | | | nt mount he filed to ale | | annual markeau | |

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-cooppliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this cooppliance by cytapter 62/f1) frida Statutes.

Typed or Printed Name of General Partner Signing Form

Milota K. Srkal, President of Eller Associates, Inc.,

Daytime Telephone Number

December 30, 1996