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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

Corporations from any liability of non-ce

this annual report is true and acqurate

empowered to execute this rep



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9600002219**

DIVISION OF CORPORATIONS

98 FEB 16 AM 11: 10

	A9600000	A96000002219				
ELLER ASSOCIATES, LTD.			1 1001011 1010 1010 1010 10101 1			
			92/18			
Mailing Address	Principal Office Address		3. Date formed or Registered	58. Capital Contributions as Shown on record.		
701 S.E. 24TH STREET FT. LAUDERDALE FL 33316	701 S.E. 24TH STREET FT. LAUDERDALE FL 33316		12/05/1996 38. Date of Last Report 01/02/1997	\$40,000.00 5b. Amount of Capital Contributions in FLORIDA		
2. Malling Address	2a. Principal Office Address	29. Principal Office Address		\$ 40,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6. FEI Number 65-0717900 D Applied For APPLIED FOR D Not Applied by		
City & State			7. Certificate of Status Desired		5 Additional Required	
Zip Country	Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee inform			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
		Name				
JOVANOVICH, NICK ESQ. C/O BERGER & DAVIS, P.A.		Street Address (P.O. Box Number Is Not Acceptable)				
100 NORTHEAST 3RD AVENUE, SUITE 400		Suite, Apt. #, etc.	Suite, Apt. #, etc.			
FT. LAUDERDALE FL 33301		City FL Zip Code				
10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblining SIGNATURE (Registered Agent Accepting Appointment)	fice or registered agent, or both, in the State of gations of section 620, 192, Florida Statutes.	amed limited partnership org Florida. Such change was a	anized or registered under the laws of the utnorized by its general partner(s). I here	e State of Florida, submi	ts this statement ent of registered	
A GENERAL PARTNER TH		, LIMITED PAR	TNERSHIP OR OTHE	R BUSINESS	ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Ger	and Dames	City, State & Zip Code		istration/ ant Number	
ELLER ASSOCIATES, INC.	701 S.E. 24TH STREET	r FT.	LAUDERDALE FL 333	P96000097719		
			400002 -82/19 *****	435694 1/3801100- 66.75 ****	4 — T 007 -368.75	
Note: General partners MAY I	NOT be changed on this fo	rm; an amendme	ent must be filed to cha	inge a general	partner.	

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of

nce 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

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