2000 UNIFORM BUSINESS REPORT (UBR) A96000002219 DOCUMENT # 1. Entity Name FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **ELLER ASSOCIATES, LTD.** 00 JUL 10 AM 9: 25 Mailing Address Principal Place of Business 701 S.E. 24TH STREET 701 S.E. 24TH STREET FT. LAUDERDALE FL 33316-3921 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0717900 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOVANOVICH, NICK ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O BERGER & DAVIS, P.A. 100 NORTHEAST 3RD AVENUE, SUITE 400 FT. LAUDERDALE FL 33301 Zip Code 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) 10. Amount of Capital Contributions in FLORIDA to date. # 48, 400. 2 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$48,400.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. P96000097719 DOCUMENT # STREET ADDRESS ELLER ASSOCIATES, INC. NAME 701 S.E. 24TH STREET STREET ADDRESS CITY-ST-ZIP 300003329583: FT. LAUDERDALE FL 33316 CITY+ST-ZIP <del>07/20/00--01030--014</del> DOCUMENT# \*\*\*\*427.55 \*\*\*\*427.55 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT** # STREET ADDRESS NAME STREET DORESS CITY-ST-ZIP CITY-SITZP 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 is required by Chapter 620, Florida Statutes

SIGNATURE: