

2001 UNIFORM BUSINESS REPORT (UBR)

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AF

DOCUMENT # A96000002219

1. Entity Name
ELLER ASSOCIATES, LTD.

Principal Place of Business
701 S.E. 24TH STREET
FT. LAUDERDALE FL 33316

Mailing Address
701 S.E. 24TH STREET
FT. LAUDERDALE FL 33316

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip **Country** **Zip** **Country**

4. FEI Number 65-0717900 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOVANOVICH, NICK ESQ.
C/O BERGER & DAVIS, P.A.
100 NORTHEAST 3RD AVENUE, SUITE 400
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record. **\$48,400.00** **10. Amount of Capital Contributions** in FLORIDA to date. **\$48,400.00** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE** SEE REVERSE SIDE FOR FEE INFORMATION

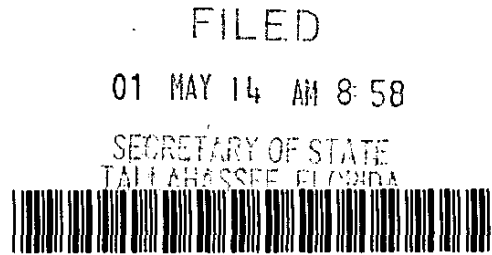
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000097719	STREET ADDRESS	
NAME	ELLER ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	701 S.E. 24TH STREET		
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		
DOCUMENT #		STREET ADDRESS	300004418563--2
NAME		CITY-ST-ZIP	06/13/01--01099--002
STREET ADDRESS			****427.55 ****427.55
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Arthur C. Novacek* **REQUIRED** **5-1-01** **954-525-3381**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Date** **Daytime Phone #**



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)