


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 19 PM 2:12

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
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2. Principal Place of Business 1850 ELLER DRIVE Suite, Apt. #, etc. SUITE 403 City & State FORT LAUDERDALE, FL 33316 Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04162004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0717900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$50,400.00	10. Amount of Capital Contributions in FLORIDA to date. \$50,400.	\$441.55
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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	
NAME		CITY-ST-ZIP	700035831617
STREET ADDRESS			05/10/04--01107--031 **441.55
CITY-ST-ZIP			
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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, ARTHUR C. NOVACEK 4-16-04 954-525-3381
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE