

**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 <i>1850 ELLER DRIVE</i>	3. Mailing Address Suite, Apt. #, etc. <i>SUITE 403</i>
City & State <i>FORT LAUDERDALE, FL 33316</i>	City & State
Zip	Zip
Country	Country



04162004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-0717900</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOVANOVICH, NICK ESQ. C/O BERGER & DAVIS, P.A. 100 NORTHEAST 3RD AVENUE, SUITE 400 FT. LAUDERDALE, FL 33301		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$50,400.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$50,400.** **#441.55**

**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	STREET ADDRESS	<i>7000035831617</i>
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	CITY-ST-ZIP	05/10/04-01107--031 **441.55
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CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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. Nouacek* 4-16-04 954-525-3381  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #