

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000002219 1. Entity Name ELLER ASSOCIATES, LTD.					
Principal Place of Business 1850 ELLER DRIVE STE. 403 FT. LAUDERDALE, FL 33316			Mailing Address 1850 ELLER DRIVE STE. 403 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		Country		4. FEI Number 65-0717900	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOVANOVIH, 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	
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.				FL Zip Code	
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. \$50,400.00		\$437.50 \$526.25	
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 NAME ELLER ASSOCIATES, INC. STREET ADDRESS 701 S.E. 24TH STREET CITY-ST-ZIP FT. LAUDERDALE, FL 33316			STREET ADDRESS CITY-ST-ZIP		
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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: <u>Arthur C. Novacek</u> ARTHUR C. NOVACEK 4-5-05 954-525-3381 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE