	MENT # A980000018			
ELMOR::ASSOCÍATES, LTD.				FILED /
Principal Place of Business C/O IRVING SHIMOFF 5500 COLLINS AVEN 200 S BISCAYNE BLVD. MIAMI BEACH FL 33 SUITE 1050 MIAMI FL 33131				O1 APR 17 PM 12: 14  SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business     3. Mailing Address     Tackura, Vanne			_	
Suite, Apt. #, etc. Suite, Apt. #, etc.		- , , , ,	<del> </del>	DO NOT WRITE IN THIS SPACE
City & State		885 Second Avenue, 26th F1. City & State New York, NY		4. FEI Number 11-2303164 Applied For Not Applicable
Zip	Country	Zip 10017	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
SHIMOFF, IRVING 200 S BISCAYNE BLVD., SUITE 1050 MIAMI FL 33131			<u></u>	s (P.O. Box Number is Not Acceptable)
			<u></u>	
			City	FL Zip Code
8. The above	e named entity submits this statement fo	the purpose of changing it	ts registered office or regist	ered agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable, (NC	DTE: Registered Agent signature require	ed when reinstaling) DATE
9. Capital Co as Shown		10. Amount of Cap in FLORIDA to		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EI Y NOT be changed on '	NTITY MUST BE REGIS the form; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12.	GENERAL PARTNER	INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	P98000042451 LIGHT PROPERTIES, IN		STREET ADDRESS	
CITY-ST-ZIP	5500 COLLINS AVENUE, MIAMI BEACH, FL 3314	SUITE 302 0	CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS			STREET ADDRESS	7000041037279 -05/01/0101103032 ****526.25 ****526.25
CITY-ST-ZIP			CITY-ST-ZIP	***************************************
NAME STREET ADDRESS		, <del>-</del> •	STREET ADDRESS	
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CITY-ST-ZIP  DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP				
CITY-ST-ZIP  DOCUMENT * NAME  STREET ADDRESS CITY-ST-ZIP  DOCUMENT * NAME .  STREET ADDRESS		,	STREET ADDRESS	
CITY-ST-ZIP  DOCUMENT * NAME  STREET ADDRESS CITY-ST-ZIP  DOCUMENT * NAME  STREET ADDRESS CITY-ST-ZIP  14. I hereby cindicated	on this report is true and accurate and t er or trustee empowered to execute this	hat my signature shall have report as required by Char	STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  or the exemption stated in State as if other 620, Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or Herbert Liechtung, ITS Vice President