


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Apr 14, 2008 08:00 A
Secretary of State**

DOCUMENT # A98000001869	
1. Entity Name ELMOR ASSOCIATES, LTD.	

Principal Place of Business C/O JOSHUA KAMERMAN 470 PARK AVENUE SOUTH, 12TH FLOOR SOUT NEW YORK NY 10016	Mailing Address C/O JOSHUA KAMERMAN 470 PARK AVENUE SOUTH, 12TH FLOOR SOUT NEW YORK NY 10016
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E003 (10/07)
4. FEI Number 11-2303164	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
BLAUSTEIN, DONNA R 20818 WEST DIXIE HWY. AVENTURA FL 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and not applicable DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	
DOCUMENT #	P98000042451
NAME	LIGHT PROPERTIES, INC.
STREET ADDRESS	5500 COLLINS AVENUE, SUITE 302
CITY-ST-ZIP	MIAMI BEACH FL 33140
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	U00000898153
CITY-ST-ZIP	04/25/08-80077-010 500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *X Steven Liechtung* **LIGHT PROPERTIES INC, General Partner**
BY STEVEN LIECHTUNG, PRES. 4/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE OR PHONE #