


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR -1 AM 10:01

<b>DOCUMENT # B02000000093</b> 1. Entity Name ELLIMAN REALTY CO., LTD.	
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Principal Place of Business COTTAGE CLUB ROAD STOWE, VT 05672	Mailing Address P.O. BOX 609 STOWE, VT 05672
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03302004    Chg-LP    CR2E003 (10/03)

4. FEI Number <b>03-0313267</b>	Applied For
<b>APPLIED FOR</b>	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$85,974.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>85,974</b>	<b>3/30/04</b>
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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 #	NAME	STREET ADDRESS	
NAME	ELLIMAN, D. TROWBRIDGE	CITY-ST-ZIP	
STREET ADDRESS	COTTAGE CLUB ROAD		
CITY-ST-ZIP	STOWE, VT 05672		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ELLIMAN, CLAUDIA W	CITY-ST-ZIP	
STREET ADDRESS	COTTAGE CLUB ROAD		
CITY-ST-ZIP	STOWE, VT 05672		
DOCUMENT #	NAME	STREET ADDRESS	
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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:**  **D.T. Elliman**      **3/30/04**      **561-374-9011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE