

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B02000000093

Entity Name: ELLIMAN REALTY CO., LTD.

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

COTTAGE CLUB ROAD  
STOWE, VT 05672

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 609  
STOWE, VT 05672

**New Mailing Address:**

FEI Number: 03-0313267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: ELLIMAN, D. TROWBRIDGE

Address: COTTAGE CLUB ROAD

City-St-Zip: STOWE, VT 05672

Document #:

Name: ELLIMAN, CLAUDIA W

Address: COTTAGE CLUB ROAD

City-St-Zip: STOWE, VT 05672

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 TROWBRIDGE ELLIMAN

MR.

01/15/2009

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date