FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

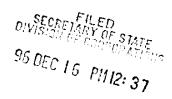
Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# B93000000092

ELL-CAP 89 - ASSOCIATES, AN OREGON LIMITED PARTN **ERSHIP**





			Q) 12/18	S) 12/18	
Mailing Address	Principal Office Address		3. Date Formed or Registered 03/03/1993	5a. Capital Contributions as Shown on record	
POSTECHIO ON STEEL	PORTEMIS-OR-99891		3a. Date of Last Report 11/01/1995	\$5,040,000.00 5b. Amount of Capital	
2. Mailing Address 33 N. Garden EAve	2a. Principal Office Arthress . 33 Garden	Ave	4. State or Country of Formation OR	Contributions in FLORIDA to date: 5,040,000	
Suite Apt. #, etc. # 950 City & State	Suite Apt # etc # 950 City & State		6. FEI Number 93-1103988	Applied For Not Applicable	
Clearwater, FC	Clear water FL Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
34615 USA	. 34615 USA	<u> </u>	8. Make check payable to: Dept. of	State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
EASTMAN, DAVID 318 NORTH MONROE STREET TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apl. #, etc.			
Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment)			DATE		
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number	
ELLENBURG CAPITAL CORPORATIO	-33 N. Garden St 1	*950 C U	Uearwater, FL 34615 ROMEAND OR 07884	P20909	
ELLENBURG, GERALD D	33 N. Garden Av Suite 950	re. C	PORTEWNS OR 97291 learwater,FL 3461	15	
•			3000021 -12/20 ***11	0345432 /9601015012 70.00 ****585.00	
Note: General pertners MAV NOT be changed on this form: an amendment must be filed to change a general pertner					

empowered to execute this report as required by chapter 620, Florida Statutes

Ellenburg Capital Corporation, General Partner

NATURE By:

DATE 11-12-96 SIGNATURE By: Typed or Printed Name of General Partner Signing Form Donna G. Schneider, its Secretaxive Telephone Number (503) 257-2600

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I release the Division of

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. Hurther certify that I am a General Partner of the limited partnership, receiver or trustee