

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 16 PM 12:37

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000092

ELL-CAP 89 - ASSOCIATES, AN OREGON LIMITED PARTNERSHIP



Mailing Address

**5000 SW MACADAM SUITE 200
PORTLAND OR 97201**

Principal Office Address

**5000 SW MACADAM SUITE 200
PORTLAND OR 97201**

3. Date Formed or Registered

03/03/1993

5a. Capital Contributions as Shown on record

\$5,040,000.00

3a. Date of Last Report

11/01/1995

5b. Amount of Capital Contributions in FLORIDA to date:

5,040,000

4. State or Country of Formation

OR

2. Mailing Address

**33 N. Garden St Ave
Suite Apt. #, etc.
950**

2a. Principal Office Address

**33 Garden St Ave
Suite Apt. #, etc.
950**

City & State

Clearwater, FL

City & State

Clearwater FL

Zip

34615 USA

Zip

34615 USA

6. FEI Number

93-1103988

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**EASTMAN, DAVID
318 NORTH MONROE STREET
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. 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). I 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)

**ELLENBURG CAPITAL CORPORATION
ELLENBURG, GERALD D**

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**33 N. Garden St #950
5550 SW MACADAM, OR
5550 SW MACADAM, OR
33 N. Garden Ave.
Suite 950**

11b. City, State & Zip Code

**Clearwater, FL 34615
PORTLAND OR 97204
PORTLAND OR 97201
Clearwater, FL 34615**

11c. Registration/Document Number

P20909

**300002034543--2
-12/20/96--01015--012
1170.00 *585.00**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Ellenburg Capital Corporation, General Partner

SIGNATURE

By:

Donna G. Schneider

DATE

11-12-96

Typed or Printed Name of General Partner Signing Form

Donna G. Schneider, its Secretary

Telephone Number **(503) 257-2600**

CR2E003 (5/96)