

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**97 DEC 24 PM 4:06**



**1. Name of Limited Partnership**

**1a. DOCUMENT #  
B93000000092**

**ELL-CAP 89 - ASSOCIATES, AN OREGON LIMITED PARTNERSHIP**

**Mailing Address**

**33 GARDEN AVE. #950  
CLEARWATER FL 34615**

**Principal Office Address**

**33 GARDEN AVE. #950  
CLEARWATER FL 34615**

**2. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**

**Zip**

**Country**

**2a. Principal Office Address**

**Suite, Apt. #, etc.**

**City & State**

**Zip**

**Country**

**3. Date Formed or Registered**

**03/03/1993**

**3a. Date of Last Report**

**12/16/1996**

**4. State or Country of Formation**

**OR**

**6. FEI Number**

**93-1103988**

**5a. Capital Contributions as  
Shown on record.**

**\$5,040,000.00**

**5b. Amount of Capital  
Contributions in FL ORIDA  
to date:**

**\$5,040,000.00**

☐ 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)**

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

**11b. City, State & Zip Code**

**11c. Registration/  
Document Number**

**ELLENBURG CAPITAL CORPORATIO  
ELLENBURG, GERALD D**

**33 GARDEN AVE. #950  
33 GARDEN AVE. #950**

**CLEARWATER FL 34615  
CLEARWATER FL 34615**

**P20909**

**600002394276-- 0  
-01/08/98--01091--001  
\*\*\*1100.00 \*\*\*\*550.00**

**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.

**SIGNATURE**

**DATE 12-18-97**

**Typed or Printed Name of General Partner Signing Form**

**Gerald D. Ellenburg**

**Daytime Telephone Number (813) 447-0900**

**CR2E003 (6/97)**