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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



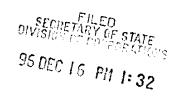
FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** B9400000188





| ELL-CAP 96 - SOUTHERN PA<br>ARTNERSHIP   | LMS, AN OREGON   | LIMITED P  |   | ODIHI EDIHI EBIHI BEHI DOLDI HUDU IDADI ISHI IDI  |
|--|--|--|---|---|
| Mailing Address  3330 GW-MASASAM-4300  PORTUGUE OR 1/201   | Principal Office Address  5666 C.W. MAGABAM. 9288  RERYLAND OR STEEL   |  | 3. Date Formed or Registered  05/24/1994  3a. Date of Last Report  11/20/1995 | 5a. Capital Contributions as Shown on record. \$2,670,000.00  5b. Amount of Capital Contributions in FLORIDA to date.  Z, 470,000 |
| 2. Mailinn Arktross 33 N. Larden St  Suite, Apt. #, etc.   |  | 2a. Production St. Studen St. Suite Ant. #, etc. # 750 City & State Cleanwaluf ( |   |   |
| City & State<br>Cleawater, F1  | # 950  |  |   | Applied For Not Applicable  \$8.75 Additional   |
| Zio Country USA  | Zin 34615  | Country  | Certificate of Status Desired     Make check payable to Dept of               | Fee Required of State (See reverse side for fee information   |
| 9. Name and Address of Current Registered Agent  EASTMAN DAVID ESQ. 391 NORTH MONROE ST. TALLAHASSEE FL 32301  |  | 10. If changed, new Registered Agent/Office  Name                                |   |   |
|  |  | Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.          |   |   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | City   |  |   | Zip Code  |
| 10a. Pursuant to the provisions of sections 620.1051 ar for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT MUS  11. Name(s) of General Partner(s) | r registered agent, or both, in the State ns of section 620 192, Florida Statutes.  IS A CORPORATION THE REGISTERED Address of Each G 11a. (Do NOT Use Post Of | N, LIMITED PAAND ACTIVE  | DATE ARTNERSHIP OR OTHE WITH THIS OFFICE.  b. City, State & Zip Code          | ER BUSINESS ENTITY  11c. Registration/ Document Number  |
| ELLENBURG, GERALD D  | 33 N. Garden<br>6550 C.W. MACAD  | Ave.#905   | Clearwater,FL 340<br>PORTLAND OR 97201  | 515   |
| ELLENBURG CAPITAL CORPORATIO   | 33 n Yarden St   |  | PONTLAND OR STOTI<br>Ortlandy OR 97266-<br>Clawatu, FL                        | P20909  |
| •  |  |  | 34615   | 1845387   |
|  |  |  | -12/20/<br>-12/20/  | 0845387<br>/3601015007<br>/36-00-****\$85.00  |

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

Ellenburg Capital Corporation, General Partner

SIGNATURE

By:

DATE

DATE Typed or Printed Name of General Partner Signing Form Donna G. Schneider, its Secretary Telephone Number (503) 257-2600

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 fitting 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