## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999

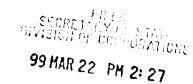


FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** B9800000729





FOUR DAR LIMITED PARTNE	ERSHIP	L INCLINE INTO TRUE INTO AND BUILD NOTE AND			
Mailing Address  C/O BLUMENFELD. ROSE & DEJONG. S.C. 16620 W. BLUEMOUND RD SUITE 500 BROOKFIELD WI 53005	Principal Office Address  C/O BLUMENFELD. ROSE 16620 W. BLUEMOUND RI BROOKFIELD WI 53005		3. Date Formed or Registered 12/28/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$7,500.00	
2. Mailing Address		2a. Principal Office Address		5b. Amount of Capital Contributions in FLORIDA to date \$7,500.00	
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State			Applied For Not Applicable	
Zip Country	Zıp	Zip Country		7. Certificate of Status Desired \$8.75 Additional Fee Required 8, Make check payable to Dept. of State (Sec reverse side for fee information).	
COOPER, STEVEN R 6204 14TH STREET WEST BRADENTON FL 34207		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 a 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 THA	r registered agent, or both, in the State of ns of section 620 192, Florida Statutes	Florida Such chang	ge was authonzed by its general partner(s). I here	e State of Florida, submits this statement by accept the appointment of registered	
	ST BE REGISTERED	AND ACTIV	VE WITH THIS OFFICE.	,	
11. Name(s) of General Pariner(s)  E.L.K. IV LLC	11a. (Do NOT Use Post Office 16620 W. BLUEMO	e Box Numbgrs)	11b. City, State & Zip Code  BROOKFIELD WI 53005	11c. Registration/ Document Number M98000001620	
			ппппп -04/0 **** 7\2\4	272409 17990112004 141.25 ****141.25	

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 Tralease the Division of Corporations from any lability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. If urther 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. If urther 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** 

Typed or Printed Name of General Parlner Signing Form

Robert J. defong, Member

DATE 2/24/99

Daytime Telephone Nunitier (414) 789-0111