

**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 -3 AM 10:49



1. Name of Limited Partnership

1a. DOCUMENT #  
**A9400000379**

**CHURCH STREET MARKET LIMITED PARTNERSHIP**

Mailing Address

4902 EISENHOWER BLVD.  
SUITE 380  
TAMPA FL 33634

Principal Office Address

4902 EISENHOWER BLVD.  
SUITE 380  
TAMPA FL 33634

3. Date Formed or Registered

03/24/1994

5a. Capital Contributions as Shown on record.

\$4,350,100.00

3a. Date of Last Report

11/20/1996

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

4. State or Country of Formation

FL

2. Mailing Address

4350 W. Cypress

Suite, Apt. #, etc.

Suite 250

City & State  
Tampa FL

Zip Country  
33607 USA

2a. Principal Office Address

4350 W. Cypress

Suite, Apt. #, etc.

Suite 250

City & State  
Tampa FL

Zip Country  
33607 USA

6. FEI Number

65-0475623

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

EURO AMERICAN MANAGEMENT  
4802 EISENHOWER BLVD.  
#380  
TAMPA FL 33634

10. If changed, now Registered Agent/Office

Name

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

4350 W. Cypress

Suite, Apt. #, etc.

Suite 250

City

Tampa

FL

33607

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 620.1927, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*[Signature]*

DATE 10/22/97

**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)

EURO VI, INC.

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

6760 N.W. 46TH DRIVE  
4350 W. Cypress  
SUITE 250

11b. City, State & Zip Code

CORAL SPRINGS FL 3306  
Tampa, FL  
33607

11c. Registration/Document Number

P93000083428

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--12/09/97--01107--013  
\*\*\*\*541.25 \*\*\*\*541.25

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. 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 section 620, Florida Statutes.

SIGNATURE

*[Signature]*  
Euro VI, Inc.

DATE 10/22/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (813) 353-8800

CR2E003 (6/97)