

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0416
FILED

03 MAR -7 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A94000000379 1. Entity Name CHURCH STREET MARKET LIMITED PARTNERSHIP	
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Principal Place of Business 4300 W. CYPRESS STREET SUITE 1075 TAMPA FL 33607	Mailing Address 4300 W. CYPRESS STREET SUITE 1075 TAMPA FL 33607
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003	
4. FEI Number 65-0475623	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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AMEURCO MANAGEMENT, INC.
4300 W. CYPRESS STREET
SUITE 1075
TAMPA FL 33607

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

BRUCE D. BURDGE
EXECUTIVE VICE PRESIDENT

SIGNATURE: DATE: **1/31/03**

9. Capital Contributions as Shown on record. \$4,350,100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P93000083428
NAME	EURO VI, INC.
STREET ADDRESS	4300 W. CYPRESS STREET
CITY-ST-ZIP	TAMPA FL 33607
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	4300 W CYPRESS ST STE 1075
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600013687726
CITY-ST-ZIP	03/07/03--01025--026 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **BRUCE D. BURDGE**
EXECUTIVE VICE PRESIDENT

DATE: **1/31/03**

CR2E003 (10/02)

STAPLE CHECK HERE