

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
ANNUAL REPORT
1998

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

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000954



LAKE WASHINGTON CROSSING LIMITED PARTNERSHIP

*98-AR
cm*

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

05/21/1996

5a. Capital Contributions as Shown on record.

\$3,900,000.00

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

2a. Principal Office Address

4350 W. Cypress

Suite, Apt. #, etc.

Suite 250

Suite, Apt. #, etc.

Suite 250

City & State

Tampa FL

City & State

Tampa FL

Zip

33607

Country

USA

Zip

33607

Country

USA

6. FEI Number

59-3379261

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
4902 EISENHOWER BLVD.
#380
TAMPA FL 33634**

10. If changed, now Registered Agent/Office

Name

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 620.192, 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 X, INC.

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

**4902 EISENHOWER BLVD.
4350 W. Cypress
Suite 250**

11b. City, State & Zip Code

**TAMPA FL 33634
33607**

11c. Registration/Document Number

P96000038712

**500002357145--3
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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 680, Florida Statutes.

SIGNATURE

[Signature]
EURO X, INC

DATE **10/22/97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

813-353-8800

CR2E003 (6/97)