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DOCUMENT # A9900001172				ii (OBN			
1. Entity Name CAMPUS LODGE CAPITAL PARTNERS I, LTD.						FILED	
CAMIT	JO LOUGE CAPITA	L FAMINENS I, L	IU.			-02 APR 19 PM 4: 20	
Principal Pla	ce of Business		Mailing Addres	s		OZ APR 19	
C/O EURO AMERICAN MANAGEMENT. INC. C/O EURO AMERICAN MA						SECRETARY OF STATE TALLAHASSEE, FLORIDA	
4350 WEST CYPRESS STREET. SUITE 250 4350 WEST CYPRESS STR TAMPA FL 33607 TAMPA FL 33607					:E1. SUITE 250	TALLAHASSEL	. 80181 31801 14811 (8618 (181 186)
2. Principal Place of Business			3. Mailing Address			\$ 10010014 1010 10141 00411 00114 00114 00114	50101 I/S01 141k 0815 141 (2 51
Suite 4300 W. Cypress Street			St 4300 W. Cypress Street		ess Street	DUE BY MAY 1, 2002	
City				Suite 1075 Tampa, FL 33607		4. FEI Number 59-3589081	Applied For
Zip			Zip	- 	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
	6. Name and Ad	dress of Current F	legistered Agent			7. Name and Address of New Registered	Fee Required
			1		Name	r. Idanie and Address of New Registered	Agon.
AMEURCO MANAGEMENT, INC.				1	Stre	4300 W. Cypress Street, Suite 10	75
4350 WEST CYPRESS STREET, SUITE 280 TAMPA FL 33607				,		Tampa, FL 33607	
					City		
B. The object	e named entity submi					Fl	- -
o. The above	e named entity submi	ts trilg statement for	the purpose of cha	anging its rei	RUCE D. BURDG	gistered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed	name of registered agent an	nd title if applicable.	EXECU	TIVE VICE PRES	IDENT DATE	
9. Capital Contribution \$5,550,000.00 10. Amount of Capital in FLORIDA to date						11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
as onown	A GENER	AL PARTNER TH	AT IS A BUSIN	IESS ENTI	TY MUST BE RE	GISTERED AND ACTIVE WITH THIS OFFIC	E.
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION				jea on the	13.	ADDRESS CHANGES ON	
DOCUMENT #	P99000058196 EURO XVI, INC.				STREET ADDRESS	4300 W. Cypress Street	
NAME STREET ADDRESS						Suite 1075 Tampa, FL 33607	1 84
CITY-ST-ZIP	TAMPA FL 3360	7			CITY-ST-ZIP		AL
DOCUMENT # NAME					STREET ADDRESS		
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STREET ADDRESS					CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP DOCUMENT A NAME					CITY-ST-ZIP STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Certify that the information		1	1			

I hereby certify that the information supplied with this filing does not order to 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 D. BURDGE

EXECUTIVE VICE PRESIDENT APR 1 4 2002 9 13 - 353 - 8800

SIGNATURE: _/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #