

2000 UNIFORM BUSINESS REPORT (UBR)

XXXX151

AF

DOCUMENT # **A99000001174**

1. Entity Name
CAMPUS LODGE CAPITAL PARTNERS III, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
00 APR -4 PM 6:35

Principal Place of Business C/O EURO AMERICAN MANAGEMENT, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607	Mailing Address C/O EURO AMERICAN MANAGEMENT, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607-4190
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3589085** Applied For Not Applicable

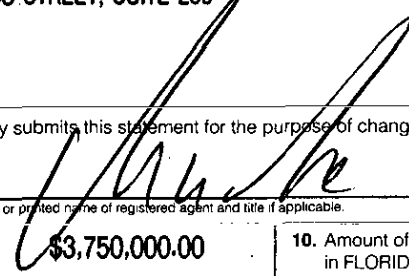
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**AMEURCO MANAGEMENT, INC.
4350 WEST CYPRESS STREET, SUITE 250
TAMPA FL 33607**

7. Name and Address of New Registered Agent

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.

SIGNATURE  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$3,750,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P99000058200
NAME	EURO XVIII, INC.
STREET ADDRESS	4350 WEST CYPRESS STREET, SUITE 250
CITY - ST - ZIP	TAMPA FL 33607

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	B/C 4/11
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	600003213806--1
CITY - ST - ZIP	-04/19/00--01005--015
CITY - ST - ZIP	****526.25 ****526.25

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: **SIGNATURE REQUIRED** _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)