

2002 UNIFORM BUSINESS REPORT (UBR)

0004349 AV

DOCUMENT # A99000001413

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

FILED
02 APR 19 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**



2. Principal Place of Business: **4300 W. Cypress Street Suite 1075 Tampa, FL 33607**

3. Mailing Address: **4300 W. Cypress Street Suite 1075 Tampa, FL 33607**

DUE BY MAY 1, 2002

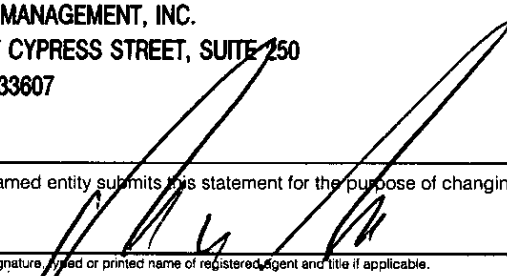
4. FEI Number: **59-3608437**

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: **4300 W. Cypress Street, Suite 1075**
City: **Tampa, FL 33607**

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:  **BRUCE D. BURDGE EXECUTIVE VICE PRESIDENT** DATE: **APR 4 2002**

9. Capital Contributions as Shown on record: **\$10,610,000.00**

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 #	P99000075783
NAME	EURO XIX, INC.
STREET ADDRESS	4350 WEST CYPRESS STREET, SUITE 250
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	4300 W. Cypress Street Suite 1075
CITY-ST-ZIP	Tampa, FL 33607
STREET ADDRESS	
CITY-ST-ZIP	
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: **APR 4 2002** PHONE: **813-353-8800**

CR2E003 (9/01)