

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**


FILED

2004 APR 26 AM 9:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A03000001156**

1. Entity Name  
**55 WEST ON THE ESPLANADE CAPITAL LIMITED PARTNERSHIP**



Principal Place of Business  
 4300 WEST CYPRESS STREET  
 SUITE 1075  
 TAMPA, FL 33607

Mailing Address  
 4300 WEST CYPRESS STREET  
 SUITE 1075  
 TAMPA, FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04162004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**20-0161357**

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.**  
 4300 WEST CYPRESS STREET  
 SUITE 1075  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$3,414,129.44**

**\$535.00**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P03000087601	STREET ADDRESS	
NAME	EURO 55 WEST, INC.	CITY-ST-ZIP	
STREET ADDRESS	4300 WEST CYPRESS STREET		
CITY-ST-ZIP	TAMPA, FL 33607		
DOCUMENT #		STREET ADDRESS	<b>600036289676</b>
NAME		CITY-ST-ZIP	<b>05/14/04-01012-030 **535.00</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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

STAPLE CHECK HERE

SIGNATURE: Meredith S. Sp... **4/16/04** **813-352-2110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #