



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

|  |                         |   |  |   |  |
|--|-------------------------|---|--|---|--|
| <b>DOCUMENT # A00000001387</b><br>1. Entity Name<br>951 GLENWOOD CAPITAL, LTD.   |                         |   |  |                                      |  |
| Principal Place of Business<br>4300 W. CYPRESS STREET<br>SUITE 1075<br>TAMPA, FL 33607   |                         |   | Mailing Address<br>4300 W. CYPRESS STREET<br>SUITE 1075<br>TAMPA, FL 33607 |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |                         | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |                                     |  |
| City & State   |                         | City & State                                  |  | 4. FEI Number<br><b>59-3674679</b>  |  |
| Zip  |                         | Country                                       |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>AMEURCO MANAGEMENT, INC.</b><br><b>4300 W. CYPRESS STREET</b><br><b>SUITE 1075</b><br><b>TAMPA, FL 33607</b>   |                         |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                         |   |  |   |  |
| 9. Capital Contributions as Shown on record. <b>\$3,500,000.00</b>   |                         |   | 10. Amount of Capital Contributions in FLORIDA to date                     |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                         |   |  |   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>   |                         |   | <b>13. ADDRESS CHANGES ONLY</b>  |   |  |
| DOCUMENT #   | P00000071400            |   | STREET ADDRESS   | <b>U000000363737</b><br><b>05/06/05-80011-007 526.25</b>  |  |
| NAME   | EURO 951 GLENWOOD, INC. |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   | 4300 W. CYPRESS STREET  |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | TAMPA, FL 33607         |   | CITY-ST-ZIP  |   |  |
| DOCUMENT #   |                         |   | STREET ADDRESS   |   |  |
| NAME   |                         |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   |                         |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                         |   | CITY-ST-ZIP  |   |  |
| DOCUMENT #   |                         |   | STREET ADDRESS   |   |  |
| NAME   |                         |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   |                         |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                         |   | CITY-ST-ZIP  |   |  |
| DOCUMENT #   |                         |   | STREET ADDRESS   |   |  |
| NAME   |                         |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   |                         |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                         |   | 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)(f), 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. |                         |   |  |   |  |
| <b>SIGNATURE:</b> <i>Michael E. Spiker</i>   |                         |   | Date <b>4/22/05</b> Daytime Phone # <b>813-353-8800</b>                    |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |                         |   |  |   |  |

STAPLE CHECK HERE