LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A0100001581 FILED 1. Entity Name 02 APR 19 PM 4: 16 Murrell Apartments Limited Partnership SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4300 W. Cypress Street, Suite 1075.4300 W. Cypress Street, Suite 1075 **DUE BY MAY 1** Tampa, Florida 33607 Tampa, Florida 33607 4. FEI Numbe Applied For 758960 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Ameurco Management, Ire. DO NOT WRITE 4300 W. Cypress Street, Suite 1075 Stre IN THIS SPACE Tampa, Florida 33607 City Zip Code FL anging its registered office or registered agent, or both, in the State of Flori BRUCE D. BURDGE 8. The above named entity submits this statement for the purpose of **EXECUTIVE VICE PRESIDEN** SIGNATURE Signature, typed or p 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE as Shown on record. in FLORIDA to date. 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 P01000105360 DOCUMENT # STREET ADDRESS NAME Euro Murrell, Inc. STREET ADDRESS 4300 W. Cypress St. Ste 1075 CITY-ST-ZIP CITY-ST-ZIP Tampa, FL. 33607 **005450710--**-05/03/02--01081-<u>-</u>012 DOCUMENT # STREET ADDRESS ****526.25 ****526.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP-DOCHMENT # IN THIS SPACE STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 💐 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not goalify 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 cath; that I am a General Partner of the limited partnership all have the same legal effect as if made under gath; that I am a General Partner of the limited partnership or nd that my signatu this report as real d by Chapter ROCE D. BURUGE the receiver or trustee empowered **EXECUTIVE VICE PRESIDENT**

SIGNATURE:

CITY-ST-7IP

.....

813-353-8800