

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A01000001581**

1. Entity Name  
**MURRELL APARTMENTS LIMITED PARTNERSHIP**



FILED  
03 MAR -7 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3758960**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMEURCO MANAGEMENT, INC.  
4300 WEST CYPRESS STREET, SUITE 1075  
TAMPA FL 33607**

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

Signature, typed or printed name of registered agent and title if applicable.

**BRUCE D. BURDGE  
EXECUTIVE VICE PRESIDENT**

DATE

**1/31/03**

9. Capital Contributions  
as Shown on record. **\$5,200,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P01000105360**  
NAME **EURO VIERA, INC. Euro Murrell, Inc.**  
STREET ADDRESS **4300 WEST CYPRESS STREET, SUITE 1075**  
CITY-ST-ZIP **TAMPA FL 33607**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**- N/C Filed 2/4/02  
- OK  
- Let**

STREET ADDRESS

CITY-ST-ZIP

**600013687986  
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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: SIGNATURE REQUIRED BRUCE D. BURDGE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER EXECUTIVE VICE PRESIDENT

Date

Daytime Phone #

**1/31/03**

CR2E003 (10/02)