

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.

City & State

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**

NAME **EURO 55 WEST, INC.**

STREET ADDRESS **4300 WEST CYPRESS STREET**

CITY-ST-ZIP **TAMPA, FL 33607**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS **600036289676**

CITY-ST-ZIP **05/14/04-01012-030 **535.00**

DOCUMENT #

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

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

STAPLE CHECK HERE