


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		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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		
NAME			CITY - ST - ZIP		
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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					
SIGNATURE: <u>Meredith S. Sp...</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <u>4/16/04</u>		Daytime Phone #: <u>813-352-2100</u>



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

STAPLE CHECK HERE