

**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



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