

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000001283					
1. Entity Name GRANDEVILLE ON SAXON CAPITAL LIMITED PARTNERSHIP					
Principal Place of Business 4300 WEST CYPRESS STREET, STE. 1075 TAMPA, FL 33607			Mailing Address 4300 WEST CYPRESS STREET, STE. 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		Country		Country	
5. Name and Address of Current Registered Agent AMEURCO MANAGEMENT, INC. 4300 WEST CYPRESS STREET, STE. 1075 TAMPA, FL 33607					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE _____					
9. Capital Contributions as Shown on record. \$1,100,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$1,550,040.00		
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 # NAME STREET ADDRESS CITY-ST-ZIP	P03000092061 EURO GRANDEVILLE ON SAXON, INC. 4300 WEST CYPRESS STREET, STE. 1075 TAMPA, FL 33607		STREET ADDRESS CITY-ST-ZIP		
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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>Michael E. Spiker</u> 4/12/05 813-353-8800					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE



03302005 Chg-LP CR2E003 (10/03)

4. FEI Number
 20-0204198 **Applied For**
 Not Applicable

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

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 05/06/05-80011-021 526.25