

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**A9300001236**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 FEB 15 AM 3:15

1. Name of Limited Partnership  
**DUPONT STATION  
LIMITED PARTNERSHIP**

1a. DOCUMENT #  
**A93000001236**

*99-AB<sub>cm</sub>*

Mailing Address  
**1777 NORTHEAST EXPRESSWAY  
SUITE 145  
ATLANTA, GA 30329**

Principal Office Address  
**1777 NORTHEAST EXPRESSWAY  
SUITE 145  
ATLANTA, GA 30329**

3. Date Formed or Registered  
**11/29/1993**

5a. Capital Contributions as Shown on record  
**1,600,200**

3a. Date of Last Report  
**1/20/1998**

5b. Amount of Capital Contributions in FLORIDA to date  
**1,600,200**

2. Mailing Address  
**4350 W. Cypress Street  
Suite, Apt. #, etc.  
250**

2a. Principal Office Address  
**4350 W. Cypress Street  
Suite, Apt. #, etc.  
250**

4. State or Country of Formation  
**US**

6. FEI Number  
**65-0450520**

Applied For  
 Not Applicable

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip Country  
**33607 USA**

Zip Country  
**33607 USA**

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

8. Make check payable to Dept of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent  
**EURO AMERICAN MANAGEMENT, INC.  
4902 EISENHOWER BLVD; SUITE 380  
TAMPA, FL 33634  
USA**

10. If changed, new Registered Agent/Office

Name  
**EURO AMERICAN MANAGEMENT, INC.**

Street Address (P.O. Box Number Is Not Acceptable)  
**4350 W. Cypress Street**

Suite, Apt. #, etc.  
**250**

City  
**Tampa**

FL Zip Code  
**33607**

10a. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, in both in the State of Florida. Such change was authorized by its general partner(s) I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* DATE **2/10/99**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registry/Document Number
<b>EURO II, INC.</b>	<b>4350 W. Cypress Street SUITE 250</b>	<b>Tampa, FL, 33607</b>	<b>P93000080244</b>

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/10/99**

Typed or Printed Name of General Partner Signing Form **EURO II, Inc** Daytime Telephone Number **813-353-8800**

CR2E03 (8/98)