

2000 UNIFORM BUSINESS REPORT (UBR)

11 1188000

DOCUMENT # A95000000165
 1. Entity Name
ONE PENSACOLA PLAZA LIMITED PARTNERSHIP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 APR -4 PM 6:46

Principal Place of Business
 4350 WEST CYPRESS STREET, SUITE 250
 TAMPA FL 33607

Mailing Address
 4350 WEST CYPRESS STREET, SUITE 250
 TAMPA FL 33607-4190



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0560418** Applied For Not Applicable

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

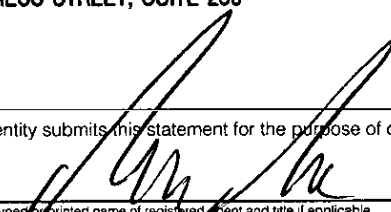
6. Name and Address of Current Registered Agent

EURO AMERICAN MANAGEMENT INC.
 4350 WEST CYPRESS STREET, SUITE 250
 TAMPA FL 33607

7. Name and Address of New Registered Agent

Name **Ameurco Management, Inc.**
 Street Address (P.O. Box Number is Not Acceptable) **4350 W Cypress Street**
Suite 250
 City **Tampa** FL Zip Code **33607**

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.

SIGNATURE  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$28,000,100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

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	
DOCUMENT #	P94000071088
NAME	EURO VIII, INC.
STREET ADDRESS	4350 WEST CYPRESS STREET, SUITE 250
CITY - ST - ZIP	TAMPA FL 33607
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	200003213772--9
STREET ADDRESS	-04/19/00--01005--003
CITY - ST - ZIP	****526.25 ****526.25
STREET ADDRESS	ML
CITY - ST - ZIP	4/11
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: **SIGNATURE REQUIRED** _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)