

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

97 NOV 17 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000194

ARGYLE VILLAGE SQUARE SHOPPING CENTER LIMITED PA
RTNERSHIP

98-AR
CM



Mailing Address

4902 EISENHOWER BLVD., SUITE 380
TAMPA FL 33634

Principal Office Address

4902 EISENHOWER BLVD., SUITE 380
TAMPA FL 33634

3. Date Formed or Registered

02/08/1995

5a. Capital Contributions as
Shown on record.

\$5,600,100.00

3a. Date of Last Report

11/20/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

2. Mailing Address 40 Euro American Mgmt.

4350 W. Cypress

Suite, Apt. #, etc.
Suite 250

City & State
Tampa FL

Zip Country
33607 USA

2a. Principal Office Address

4350 W. Cypress

Suite, Apt. #, etc.
Suite 250

City & State
Tampa FL

Zip Country
33607 USA

6. FEI Number

65-0559523

☐ Applied For
☐ Not Applicable

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

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

4350 W. Cypress 000002357156--9

Suite, Apt. #, etc.

Suite 250

City

Tampa

-11/25/97-01086-012

****541.25 ****541.25

Zip Code

FL 33607

10a. Pursuant to the provisions of sections 620.1051 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, or 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)

DATE 10/22/97

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)

EURO VII, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

4002 EISENHOWER BLVD.
4350 W. Cypress
Suite 250

11b. City, State & Zip Code

TAMPA FL 33607

11c. Registration/
Document Number

P95000002092

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

Typed or Printed Name of General Partner Signing Form

EURO VII, INC.

DATE

10/22/97

Daytime Telephone Number

813-353-8800

CR25003 (6/97)