

# 2000 UNIFORM BUSINESS REPORT (UBR)

00000001

**DOCUMENT # A95000000194**

1. Entity Name  
**ARGYLE VILLAGE SQUARE SHOPPING CENTER LIMITED PA**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR -4 PM 6:54

Principal Place of Business <b>C/O EURO AMERICAN MANAGEMENT, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607</b>	Mailing Address <b>C/O EURO AMERICAN MANAGEMENT, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607-4190</b>
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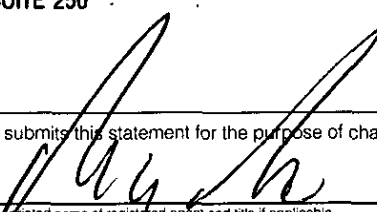
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0559523</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>EURO AMERICAN MANAGEMENT INC. 4350 W. CYPRESS, SUITE 250 TAMPA FL 33607</b>		7. Name and Address of New Registered Agent Name <b>Ameurco Management, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4350 W Cypress street</b> <b>Suite 250</b> City <b>Tampa</b> FL Zip Code <b>33607</b>	
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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. <b>\$5,600,100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>P95000002092</b>	STREET ADDRESS <b>EURO VII, INC.</b>	STREET ADDRESS	
NAME <b>EURO VII, INC.</b>	CITY - ST - ZIP <b>4350 W. CYPRESS, SUITE 250</b>	CITY - ST - ZIP	
STREET ADDRESS <b>TAMPA FL 33607</b>			
CITY - ST - ZIP			
DOCUMENT #	STREET ADDRESS	STREET ADDRESS	
NAME	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME	CITY - ST - ZIP	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:  REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (9/99)