



FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001413				Secretary of State	
1. Entity Name CAMPUS LODGE TAMPA CAPITAL PARTNERS, LTD.					
Principal Place of Business 4300 W. CYPRESS STREET SUITE 1075 TAMPA, FL 33607		Mailing Address 4300 W. CYPRESS STREET SUITE 1075 TAMPA, FL 33607			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3608437	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AMEURCO MANAGEMENT, INC. 4300 W. CYPRESS STREET SUITE 1075 TAMPA, FL 33607				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$10,610,000.00		10. Amount of Capital Contributions in FLORIDA to date.		\$ 535.00	
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 #	P99000075783			STREET ADDRESS	
NAME	EURO XIX, INC.			CITY-ST-ZIP	
STREET ADDRESS	4300 W. CYPRESS STREET				
CITY-ST-ZIP	TAMPA, FL 33607				
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NAME				CITY-ST-ZIP	
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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)(f), 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: 				4/20/04 813-353-8800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	