

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013290 A

DOCUMENT # **A98000002716**

1. Entity Name
OAKCREST CAPITAL PARTNERS, LTD.

00 APR -4 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

my 4/19

Principal Place of Business
C/O EURO AMERICAN MANAGEMENT, INC.
4350 WEST CYPRESS STREET, SUITE 250
TAMPA FL 33607

Mailing Address
C/O EURO AMERICAN MANAGEMENT, INC.
4350 WEST CYPRESS STREET, SUITE 250
TAMPA FL 33607-4190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3558584		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KENNEDY, KRISTEN 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607				Name Ameuro Management, Inc			
				Street Address (P.O. Box Number is Not Acceptable) 4350 W Cypress Street, ste 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$2,525,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000101115	STREET ADDRESS	
NAME	EURO XIII, INC.	CITY - ST - ZIP	300003222609--5
STREET ADDRESS	4350 WEST CYPRESS STREET, SUITE 250		04/25/00--01031--005
CITY - ST - ZIP	TAMPA FL 33607		***526.25 ***526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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** (Signature and typed or printed name of signing general partner)

Date _____ Daytime Phone # _____

CR2E003 (9/99)