

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **A99000000140**

1. Entity Name
PARKCREST CAPITAL PARTNERS, LTD.

00 APR -4 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4119



DO NOT WRITE IN THIS SPACE

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

Mailing Address
C/O EURO AMERICAN MANAGEMENT, INC.
4350 WEST CYPRESS STREET
TAMPA FL 33607-4164

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number
59-3558582

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHOWALTER, KRISTEN K
4350 WEST CYPRESS STREET
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. **\$4,449,000.00**

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 | |
|---------------------------------|--|
| DOCUMENT # | P99000005805 |
| NAME | EURO XV, 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 | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | 300003217759--5 |
| CITY - ST - ZIP | -04/20/00--01114--011 ***526.25 ***526.25 |
| 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____