

2001 UNIFORM BUSINESS REPORT (UBR)

0009416 AF

DOCUMENT # **A99000000140** 0299

1. Entity Name

PARKCREST CAPITAL PARTNERS, LTD.

FILED

01 MAR 30 AM 11:49

SECRETARY OF STATE



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
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

7. Name and Address of New Registered Agent

**AMEURCO MANAGEMENT, INC.
4350 WEST CYPRESS STREET
SUITE 250
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000005805	STREET ADDRESS	
NAME	EURO XV, INC.	CITY-ST-ZIP	
STREET ADDRESS	4350 WEST CYPRESS STREET, SUITE 250	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	300003993303--8
CITY-ST-ZIP		CITY-ST-ZIP	-0412701--01014--012
DOCUMENT #		STREET ADDRESS	***526.25 ***526.25
NAME		CITY-ST-ZIP	
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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: **BRUCE D. BURDGE** EXECUTIVE VICE PRESIDENT Date: **3-26-01** Daytime Phone #: **(813) 253-8800**

CR2E003 (11/00)