

2002 UNIFORM BUSINESS REPORT (UBR)

0004422 AV

DOCUMENT # **A99000000140**

1. Entity Name
PARKCREST CAPITAL PARTNERS, LTD.

FILED
02 APR 19 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business
S 4300 W. Cypress Street
Suite 1075
Tampa, FL 33607

3. Mailing Address
4300 W. Cypress Street
Suite-1075
Tampa, FL 33607

DUE BY MAY 1, 2002

4. FEI Number **59-3558582**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
AMEURCO MANAGEMENT, INC.
4350 WEST CYPRESS STREET
SUITE 250
TAMPA FL 33607

7. Name and Address of New Registered Agent
Name
Street
4300 W. Cypress Street, Suite 1075
Tampa, FL 33607
City

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 **BRUCE D. BURDGE**
EXECUTIVE VICE PRESIDENT DATE **APR 4 2002**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000005805 EURO XV, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607	STREET ADDRESS CITY-ST-ZIP	4300 W. Cypress Street Suite 1075 Tampa, FL 33607
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500005450705--3 -05/03/02--01081--010 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME 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: **BRUCE D. BURDGE**
EXECUTIVE VICE PRESIDENT DATE **APR 4 2002** 813
353-8800

CR2E003 (9/01)