

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 26, 2006  
Secretary of State**

DOCUMENT# P05000053858

Entity Name: EURO GRANDEVILLE AT CASCADE LAKE, INC.

**Current Principal Place of Business:**

4300 WEST CYPRESS STREET  
SUITE 1075  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

4300 WEST CYPRESS STREET  
SUITE 1075  
TAMPA, FL 33607 US

**New Mailing Address:**

FEI Number: 20-2730886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AMEURCO MANAGEMENT, INC.  
4300 WEST CYPRESS STREET  
SUITE 1075  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BESSEM, HERMAN  
Address: 4300 WEST CYPRESS STREET, SUITE 1075  
City-St-Zip: TAMPA, FL 33607

Title: EVP ( ) Delete  
Name: SPIKER, MICHAEL E  
Address: 4300 WEST CYPRESS STREET, SUITE 1075  
City-St-Zip: TAMPA, FL 33607

Title: S ( ) Delete  
Name: BRUGGINK, HANS  
Address: 4300 WEST CYPRESS STREET, SUITE 1075  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: BESSEM, HERMAN  
Address: 4300 WEST CYPRESS STREET, SUITE 1075  
City-St-Zip: TAMPA, FL 33607

Title: T ( ) Delete  
Name: SPIKER, MICHAEL  
Address: 4300 WEST CYPRESS STREET SUITE 1075  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: VAN DER EEMS, DIRK  
Address: 4300 WEST CYPRESS STREET, SUITE 1075  
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E SPIKER

EVP

10/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date