


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership EUROFUND CRESCENT LAKE, LTD.		1a. DOCUMENT # A28248	
Mailing Address P.O. BOX 11452 NAPLES FL 34101	Principal Office Address 2400 TARPON RD. NAPLES FL 34102		
2. Mailing Address	2a. Principal Office Address 958 SPYGLASS LN		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State NAPLES FL		
Zip Country	Zip Country 34102		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC -7 AM 11:08



3. Date Formed or Registered 04/21/1989	5a. Capital Contributions as Shown on record. \$556,000.00
3a. Date of Last Report 12/31/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 59-2942987	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent WOODWARD, MARK J WOODWARD, PIRES, ANDERSON & LOMBARDO, P.A. 606 BALD EAGLE DR., STE. 640 NAPLES FL 33963	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) S&B BELINVESTS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 801 LAUREL OAK DR., S	11b. City, State & Zip Code NAPLES FL 33963	11c. Registration/Document Number P95000030044
600002709196--0 -12/10/98--01084--012 ****\$35.00 ****\$35.00			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

DATE _____

12/1/98

Typed or Printed Name of General Partner Signing Form _____

BULTINCK STEFAAN

Daytime Telephone Number _____

(941) 261 5558

CR2E003 (8/98)