2000 UNIFORM BUSINESS REPORT (UBR) A28248 DOCUMENT # FILED 1. Entity Name EUROFUND CRESCENT LAKE, LTD. 00 JAN 19 PH 12: 12 SECRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA 958 SPYGLASS LN. P.O. BOX 11452 NAPLES FL 34101-1452 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2942987 Not Applied Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODWARD, MARK J Street Address (P.O. Box Number is Not Acceptable) WOODWARD, PIRES, ANDERSON & LOMBARDO, P.A. 606 BALD EAGLE DR., STE. 640 NAPLES FL 33963 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$556,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P95000030044 **DOCUMENT #** STREET ADDRESS S&B BELINVESTS, INC. NAME 800003105758--3 801 LAUREL OAK DR., STE. 640 STREET ADDRESS CITY-ST-ZIP -01/21/00--01018--010 NAPLES FL 33963 CITY-ST-ZIP ****535.00 ****535.00 & DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY+ST-ZIP DOCUMENT# STREET ADDRESS NAME ' STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT#

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

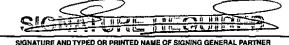
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME , Strêethyodress

CITY: ST-7IP



1-7-2000 (941) 861-5555 Date Dayling Phone #