


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A28248	
1. Entity Name EUROFUND CRESCENT LAKE, LTD.	

Principal Place of Business 958 SPYGLASS LN. NAPLES FL 34102	Mailing Address P.O. BOX 11452 NAPLES FL 34101
---	---

2. Principal Place of Business	3. Mailing Address 649 5TH AVE S. # 212
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State NAPLES, FLORIDA
Zip	Country USA

6. 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE
9. Capital Contributions as Shown on record. \$556,000.00	10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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 #	P95000030044	STREET ADDRESS	649 5TH AVE S. #212
NAME	S & B BELINVESTS, INC.	CITY-ST-ZIP	NAPLES FL 34102
STREET ADDRESS	PO BOX 11452		
CITY-ST-ZIP	NAPLES FL 34101		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500029567825
STREET ADDRESS			03/01/04--01018--002 **\$35.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER STEEAAN DULTINCK, PRESIDENT S & B BELINVESTS, INC.	DATE 2/9/04	Daytime Phone # 239-450-3505
--	-----------------------	--

LR 02/25/04
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 13 PM 3:42



MOORE CR2E003 (11/03)

4. FEI Number 59-2942987	Applied For Not Applicable
------------------------------------	--------------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

STAPLE CHECK HERE