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UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam		0000043		To the same of the	ore >	
PRAIRIE	E LAKE PLAZA, LTD.			FILED	<	
Principal Place of Business 4350 W. CYPRESS STREET SUITE 250 TAMPA FL 33607 Mailing Address 4350 W. CYPRESS STREET SUITE 250 TAMPA FL 33607 TAMPA FL 33607			ा	O2 APR 19 PM 4 SECRETARY OF ST, TALLAHASSEE, FLO	i 16 Ate Annani ana ana ana ana ana ana ana ana an	
2. Principal F	Place of Business	3. Mailing Address			PB() 80() 80) 88) 83888 (88)	
	4300 W. Cypress Street Suite 1075 Suite 1075 Suite 1075		DUE BY MAY 1, 2002			
City Zip	Tampa, FL 33607	Ci Tampa, FL	 	4. FEI Number 59-3149280	Applied For Not Applicable	
Ζιρ			Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current I O MANAGEMENT, INC. CYPRSS STREET, SUITE 250 L 33607	Registered Agent		7. Name and Address of New Register 300 W. Cypress Street, Suite 1 ampa, FL 33607		
	named entity submits/this statement for	the purpose of changing its i	registered office or reg	BRUGE DOI BURDGEN the State of Florida. UTIVE VICE PRESIDENT	4 2002	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd titled applicable.			ATE	
9. Capital Co as Shown	on record.	10. Amount of Capita in FLORIDA to da	te.	SEE REVERSE SID	ABLE TO DEPT. OF STATE E FOR FEE INFORMATION	
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN' Y NOT be changed on th	TITY MUST BE REC le form; an amendr	GISTERED AND ACTIVE WITH THIS OF ment must be filed to change a genera	FICE.	
12.	GENERAL PARTNER V69753	INFORMATION	13.	ADDRESS CHANGES		
NAME	EUROBAITA I, INC.		STREET ADDRESS	4300 W. Cypress Street Suite 1075		
STREET ADDRESS CITY-ST-ZIP	4350 W. CYPRESS ST., SUITE 29 TAMPA FL 33607	50	CITY-ST-ZIP	Tampa, FL 33607	AP , AV ,	
DOCUMENT # NAME			STREET ADDRESS			
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DOCUMENT / NAME STREET ADDRESS		1 1	STREET ADORESS		-	
14. I hereby condicated	pertify that the information supplied with on this report is true and accurate and t	this filing does not qualify for that my signature shall have the	the exemption stated in the same legal effect as	n Section 119.07(3)(i), Florida Statutes. I furthe if made under oath; that I am a General Partn	r certify that the information er of the limited partnership or	
14. I hereby certify that the information supplied with this filing does rot 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, FDRIFTER PRESIDENT FOR LA 2002 8/3-353-8800 SIGNATURE: 1						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #						