

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008637 AT

**DOCUMENT # A98000000610**

1. Entity Name  
**PARK CREST, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAR -1 PM 2:53

W/C  
3/6

Principal Place of Business      Mailing Address

**5505 NORTH ATLANTIC AVENUE, SUITE 115**      **5505 NORTH ATLANTIC AVENUE, SUITE 115**  
**COCOA BEACH FL 32931**      **COCOA BEACH FL 32931**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-3495702**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCPHILLIPS, JACQUELINE**  
**5505 NORTH ATLANTIC AVENUE, SUITE 115**  
**COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$5,699,056.00**      10. Amount of Capital Contributions in FLORIDA to date.      **5,699,056.00**      11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	<b>P98000020358</b>
NAME	<b>PARK CREST, INC.</b>
STREET ADDRESS	<b>5505 N. ATLANTIC AVE., SUITE 115</b>
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>
DOCUMENT #	<b>N16583</b>
NAME	<b>MEMPHIS AREA COMMUNITY DEVELOPMENT CORPORA</b>
STREET ADDRESS	<b>1060 OREGON COURT</b>
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>300005064063--7</b>
	<b>-03/07/02--01043--014</b>
	<b>****535.00 ****535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Steven James Kinard*      Date: **3/25/02**      Daytime Phone #: **321-199-4090**

CR2E003 (9/01)