

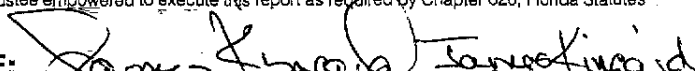


FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000610				Secretary of State	
1. Entity Name PARK CREST, LTD.					
Principal Place of Business 5505 NORTH ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931		Mailing Address 5505 NORTH ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3495702	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$5,699,056.00		10. Amount of Capital Contributions in FLORIDA to date. \$5,699,056.00			
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 #	P98000020358		STREET ADDRESS		
NAME	PARK CREST, INC.		CITY-ST-ZIP		
STREET ADDRESS	5505 N. ATLANTIC AVE., SUITE 115				
CITY-ST-ZIP	COCOA BEACH, FL 32931				
DOCUMENT #	N16583		STREET ADDRESS		
NAME	MEMPHIS AREA COMMUNITY DEVELOPMENT CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	1060 OREGON COURT				
CITY-ST-ZIP	SARASOTA, FL 34236				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	000000273981	
STREET ADDRESS				03/23/05-80052-005 535.00	
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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 118.07(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: 			Date: 3/16/05 Daytime Phone #: 321-799-4090		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					