2001	INICORM	<b>BUSINESS</b>	DEDADT	HIDD
EUU I	CHIFCHM	DO3IME33	REPURI	JUDN

DOCU	MENT # A990	00000149				10/	88
EUROPEAN HOLDINGS II LIMITED PARTNERSHIP				FILED			
Principal Place of Business Mailing Address				01 APR 12 PM 12: 37 U			
101 E. KENNEDY BOULEVARD, SUITE 1000 TAMPA FL 33602		1021 EAST BOULEVARD CHARLOTTE NG 28203			SECRETARY OF STA	TE	
Principal Place of Business     3. Mailing Address		3. Mailing Address			- - 1 1381011 1018 10110 13111 00211 20111 002		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN	ITHIS SPACE		
City & State		City & State		4. FEI Number 58-2436655	Applied For Not Applicable	- -	
Zip	Country	Zip	Count	ry		\$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and Address of New Regis	tered Agent	_
GIBBONS TUCKER MILLER WHATLEY & STEIN 101 E. KENNEDY BOULEVARD, SUITE 1000 TAMPA FL 33602					P.O. Box Number is Not Acceptable)	· · · · ·	<u>-</u> -
IAMPA FL	. 55602		-	City		FL Zip Code	$\dashv$
SIGNATURE	Signature, typed or printed name of registered age		Registered	Agent signature required		DATE  YABLE TO DEPT, OF STATE	
as Shown	A GENERAL PARTNER	in FLORIDA to date	e. ITY ML	JST BE REGIST	SEE REVERSE SE S	DE FOR FEE INFORMATION FFICE.	-
				an amendment	t must be filed to change a general		4
DOCUMENT #	GENERAL PARTNER INFORMATION  OCUMENT #   P98000108151		13.				
NAME STREET ADDRESS CITY-ST~ZIP	BALLANTYNE, INC. 1021 EAST BOULEVARD			T ADDRESS ST-ZIP	· · · · · · · · · · · · · · · · · · ·		R2E003 (11/00)
DOCUMENT #			STREE	T ADDRESS			SES
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP			
DOCUMENT #			STREE	T ADORESS			
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	<b>9000040</b> 3 -04/23/01	3 <b>74093</b> 01011004	]
DOCUMENT # NAME			STREE	T ADDRESS	****526.	25 ****526.25	
STREET ADDRESS City-St-Zip			CITY-S	ST-ZIP			
DOCUMENT # NAME			STREE	T ADDRESS			
STREET ADDRESS CITY 2 ST-ZIP			CITY-S	ST-ZIP			-
DOCUMENT #							1
NAME			STREE	T ADDRESS			<u> </u>
STREET ADORESS CITY-ST-ZIP	ortify that the information are all additional to the control of t	th this filling doos are walk facility	CITY-S	ST-ZIP	ction 119.07(3)(i), Florida Statutes. I furth ade under oath; that I am a General Part		 

GAND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**204 338 43/1**Daytime Phone #