2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000000363 0340

1. Entity Name

1086 CAPITAL PARTNERS I, LTD.

FILED
01 MAR 30 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O EURO AMERICAN MANAGEMENT. INC. 4350 WEST CYPRESS STREET. SUITE 250 TAMPA FL 33607	C/O EURO AMERICAN MANAGEMENT. INC. 4350 WEST CYPRESS STREET. SUITE 250 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 98-0167036 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMEURCO MANAGEMENT, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$3,025,000.00		

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 #	P99000018741	STREET ADDRESS	
NAME	EURO XIV, INC.	CITY-ST-ZIP	
STREET ADDRESS	4350 W. CYPRESS STREET, SUITE 250		
CITY-ST-ZIP	TAMPA FL 33607		
DOCUMENT #		STREET ADDRESS	400003994164--2
NAME		CITY-ST-ZIP	-04/12/01--01061--001
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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 605, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED _____ BRUCE D. BURDGE EXECUTIVE VICE PRESIDENT 3/26/01 (813) 358-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #