

2000 UNIFORM BUSINESS REPORT (UBR)

11 182100

DOCUMENT # A99000001220
 1. Entity Name
CI VIRGINIA BEACH LIMITED PARTNERSHIP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business: **TWO DATRAN CENTER, SUITE 1528, 9130 SOUTH DADELAND BLVD., MIAMI FL 33156**
 Mailing Address: **C/O CENTRES, INC., 3315 NORTH 124TH STREET, SUITE E, BROOKFIELD WI 53005-3105**

[Handwritten Signature]



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **c/o Centres, Inc., Two Datan Center, Suite 1528, 9130 S. Dadeland Blvd. miami, FL**
 City & State: **MIAMI FL**
 Zip: **33156** Country: **USA**

4. FEI Number: **39-1968984**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CI VIRGINIA BEACH GP, INC., TWO DATRAN CENTER, SUITE 1528, 9130 SOUTH DADELAND BLVD., MIAMI FL 33156

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$5,000.00**
 10. Amount of Capital Contributions in FLORIDA to date: _____
 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 #	P99000066467
NAME	CI VIRGINIA BEACH GP, INC.
STREET ADDRESS	3315 NORTH 124TH STREET, SUITE E
CITY - ST - ZIP	BROOKFIELD WI 53005
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	500003264895--3
CITY - ST - ZIP	-05/24/00--01044--010
STREET ADDRESS	****141.25 ****141.25
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

By: **CI Virginia Beach GP, Inc.**
 SIGNATURE: *[Handwritten Signature]* **WALTER W. WILSON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **2/12/00** Daytime Phone #: _____

CR2E003 (9/99)