

2001 UNIFORM BUSINESS REPORT (UBR)

0018464 AF

DOCUMENT # A00000000319

1. Entity Name
CENTRES COMMERCIAL REAL ESTATE LIMITED PARTNERSH

FILED
01 MAY -1 PM 12:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address c/o Centres Inc. Suite, Apt. #, etc. 9130 S. Dadeland Blvd. Suite 1528 City & State Miami, FL Zip 33156	Country US
--	---	----------------------

DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CENTRESS COMMERCIAL REAL ESTATE 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 _____ (NO. 3 Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	P00000017487
NAME	CENTRES COMMERCIAL REAL ESTATE GP, INC.
STREET ADDRESS	TWO DATRAN CENTER, SUITE 1528
CITY-ST-ZIP	MIAMI FL 33156
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	488884287164 6
CITY-ST-ZIP	-05/22/01--01060--014 ****141.25 ****141.25
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:  **David K. Charlton** **4/30/01** **305-670-1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)