FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF PORPOSATIONS

98 DEC 23 PM 12: 43



1. Name of Limited Partnership	A95000000102			1/11	
CENTRES GROUP, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
3315 NORTH 124TH STREET	-3315 NORTH 124TH STREET SUITE E BROOKFIELD WI 53305		01/19/1995 3a. Date of Last Report	\$10,000.00	
SUITE E BROOKFIELD WI 53005					
SHOOM IEEE AT GOOD	DIOONI ILLES 141 30003		12/30/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a Principal Office Address		4. State or Country of Formation	to date:	
	TWO Datran Ce	2N-ter,#15	28 FL		
Suite, Apt. #, etc.	Sulte, Apt. #, etc. 9130 S. Dadela	ind Blud	6. FEI Number 39-1810946	Applied For Not Applicable	
City & State	City & State Wice Mi		7. Certificate of Status Desired		
Zip Country		intry		Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
SPARKMAN, KENDALL		Centres Group, Inc.			
200 S. BISCAYNE BLVD.		Street Address (P.O. Box Number is Not Acceptable) 2 Datran Center, Ste. #1528			
			Suite, Apt. #, etc.		
SUITE 2500	s	uite, Apt. #, etc.	.,		
SUITE 2500 MIAMI FL 33131-2336		iuite, Apt. #, etc. 9130 S. ity	Dadeland Bouler	7ard	
MIAMI FL 33131-2336 10a. Pursuant to the provisions of sections 620,1051 and 62	0.192, Florida Statutes, the above-named limit	guite, Apt. #, etc. 9130 S. Tity Miami Miami	Dadeland Boules	FL ZIP Code 33156	
MIAMI FL 33131-2336 10a. Pursuant to the provisions of sections 620,1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of	0.192, Florida Statutes, the above-named limitered agent, or both, in the State of Florida. Section 620.192, Florida Statutes.	guite, Apt. #, etc. 9130 S. Tity Miami Miami	Dadeland Boules	FL ZIP Code 33156	
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MIAMI FL 33131-2336 10a. Pursuant to the provisions of sections 620,1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of substances. By: Centres Group SIGNATURE (Registered Agent Accept agraph paintment)	0.192, Florida Statutes, the above-named limitered agent, or both, in the State of Florida. Section 620.192, Florida Statutes.	iulie, Apt. #. etc. 9130 S. "ity Miami Ited partnership organi uch change was autho Ŷ. Presi	Dadeland Boules zed or registered under the laws of the S prized by its general partner(s). I hereby s dent DATE	FL ZIP Code 33156 State of Florida, submits this statement accept the appointment of registered	
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MIAMI FL 33131-2336 10a. Pursuant to the provisions of sections 620.1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of agent. I am familiar with, and accept the obligations of By: Centres Group SIGNATURE (Registered Agent Acceptage Appairment) A GENERAL PARTNER THAT IS MUST I	0.192, Florida Statutes, the above-named limitered agent, or both, in the State of Florida. Section 620.192, Florida Statutes. Inc ACORPORATION, LIMBE REGISTERED AND Address of Each General Part (Do NOT Use Post Office Box Num	wite, Apt. #. etc. 9130 S. With Miami ited partnership organi uch change was autho V. Presi ITED PART ACTIVE WIT Iter mbers) 11b.	zed or registered under the laws of the S nized by its general partner(s). I hereby a dentDATE_\(NERSHIP OR OTHER H THIS OFFICE. City, State & Zip Code	Tard FL ZIp Code 33156 State of Florida, submits this statement accept the appointment of registered R BUSINESS ENTITY 11c. Registration/ Document Number	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Typed or Printed Name of General Partner Signing Form

DATE_ /2 (9198

-01/13/99--01104---003 ****158.75 ****158.75 _

414-781-8760 Daytime Telephone Number