

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

97 DEC 30 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

1. Name of Limited Partnership	1a. DOCUMENT # A95000000950
--------------------------------	--------------------------------

CENTRES VENTURES MILWAUKEE ONE, LTD.

Mailing Address 3315 N. 124TH ST., SUITE E BROOKFIELD WI 53005	Principal Office Address 3315 N. 124TH ST., SUITE E BROOKFIELD WI 53005
2. Mailing Address	2a. Principal Office Address Two Datan Center, Ste. 1528
Suite, Apt. #, etc.	Suite, Apt. #, etc. 9130 S. Dadeland Blvd.
City & State	City & State Miami, FL
Zip Country	Zip Country 33156 USA

3. Date Formed or Registered 06/23/1995	5a. Capital Contributions as Shown on record \$10,000.00
3a. Date of Last Report 12/23/1996	5b. Amount of Capital Contributions in FLORIDA to date \$10,000.00
4. State or Country of Formation FL	6. FEI Number 39-1825896 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SPARKMAN, KENDALL 200 SOUTH BISCAYNE BLVD. SUITE 2500 MIAMI FL 33131-2338	10. If changed, new Registered Agent/Office Name Centres Ventures Milwaukee One, Inc. Street Address (P.O. Box Number Is Not Acceptable) Two Datan Center, Suite 1528 Suite, Apt. #, etc. 9130 S. Dadeland Blvd. City Miami, FL Zip Code 33156
---	---

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) 

DATE 12/29/97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) CENTRES VENTURES MILWAUKEE O	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3315 NORTH 124TH STRE	11b. City, State & Zip Code BROOKFIELD WI 53005	11c. Registration/ Document Number P95000047349
---	---	--	---

6000002402376--8
-01/15/98--01119--004
****178.75 ****173.75

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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE 

By: Centres Ventures Milwaukee One, Inc.

DATE 12/23/97

Typed or Printed Name of General Partner Signing Form

Michelle M. Nennig

Daytime Telephone Number 414-781-8760

CR2E003 (6/97)