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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



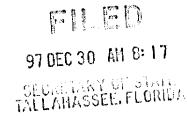
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9600000887**





PLN CENTRES, LTD. 3. Date Formed or Registered 5a. Capital Contributions Shown on record. Mailing Address Principal Office Address 05/09/1996 139**6900UULAWECHRINMOUSSEUTECISIO**6XXXXX 1890-00-04TH-01995-0904WAX-8-WTE-0204X-X \$10,000.00 3a. Date of Last Report **5b.** Amount of Capital Contributions in FLORIDA to date: 12/23/1996 4. State or Country of Formation Mailing Address 2a. Principal Office Address \$10,000.00 Two Datran Center, Ste. 1528 Two Datran Center, Ste. 1528 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number 9130 S. Dadeland Blvd. 9130 S. Dadeland Blvd. Applied For 39-1852758 Not Applicable City & State Çity & State Miami, FL 7. Certificate of Status Desired <u>Miami, FL</u> \$8.75 Additional Fee Required Country Żip Country 33156 USA USA 33156 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 PLN CENTRES GP, INC. Street Address (P.O. Box Number is Not Acceptable)
Two Datran Center, Ste. 1528 1890-SQUTH-DIXIE-HIGHWAY/>SUITE-4904/x OOBADGABIES/RIXES/INECKXXXXXXXXXXXXX 9130° \$. Dadeland Blvd. Zip Code 33156 Miami 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) _ A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY **MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE** 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) City, State & Zip Code 11c. Document Number PLN CENTRES, INC. **3315 NORTH 124TH STRE** BROOKFIELD WI 53005 P96000039618

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 filling 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 __

Typed or Printed Name of General Partner Signing Form

Michelle M. Nennig

_ DATE _ 12/23/97

500002402385--0 -01/15/88--01119--008 ****178.75 ****173.75

Daytime Telephone Number 414-781-8760

CR2E003 (6/97)