


FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

FILED

97 MAR 21 PM 2: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership CI EAST COLUMBIA, LTD.		1a. DOCUMENT # A96000002000 <i>97-AR CM</i>	
Mailing Address C/O CENTRES, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005		Principal Office Address 1390 SOUTH DIXIE HIGHWAY, SUITE 1304 CORAL GABLES FL 33146	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 10/28/1996	5a. Capital Contributions as Shown on record. \$5,000.00
		3a. Date of Last Report	5b. Amount of Capital Contributions In FLORIDA to date: \$5,000.00
		4. State or Country of Formation FL	6. FEI Number 39-1866343
		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)



9. Name and Address of Current Registered Agent CI EAST COLUMBIA, INC. 1390 SOUTH DIXIE HIGHWAY, SUITE 1304 CORAL GABLES FL 33146		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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 _____

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) CI EAST COLUMBIA, INC.	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 P96000066809
300002127393--0 -03/28/97--01096--007 ****156.25 ****156.25			

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 *Michelle M. Nennig* DATE 3/5/97
 CI East Columbia, Inc
 Typed or Printed Name of General Partner Signing Form Michelle M. Nennig, Vice President Daytime Telephone Number 414-781-8760

CR2E003 (1/796)