

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

FILED

97 DEC 30 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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|---|--|
| 1. Name of Limited Partnership CI EAST COLUMBIA, LTD. | 1a. DOCUMENT # A96000002000 |
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Handwritten signature/initials

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| Mailing Address C/O CENTRES, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005 | Principal Office Address 1300 SOUTH DIKE HIGHWAY, SUITE 1804 CORAL GABLES FL 33146 Two Datan Center, Ste. 1528 9130 S. Dadeland Center Miami, FL 33156 USA | 3. Date Formed or Registered 10/28/1996 | 5a. Capital Contributions as Shown on record. \$5,000.00 |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | 3a. Date of Last Report 03/21/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: \$5,000.00 |
| | | 4. State or Country of Formation FL | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | 6. FEI Number 39-1866343 | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 7. Certificate of Status Desired | <input type="checkbox"/> |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |

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| 9. Name and Address of Current Registered Agent CI EAST COLUMBIA, INC. 1300 SOUTH DIKE HIGHWAY, SUITE 1804 CORAL GABLES FL 33146 |
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| 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Two Datan Center, Ste. 1528 Suite, Apt. #, etc. 9130 S. Dadeland Blvd. City Miami FL Zip Code 33156 |
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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.

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| 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 P96000086809 |
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-01/15/98-01099-025
****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.

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| SIGNATURE _____ By: CI East Columbia, Inc. Michelle M. Nennig | DATE 12/23/97 |
| Typed or Printed Name of General Partner Signing Form | Daytime Telephone Number 414-781-8760 |

CR25003 (6/97)