

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAR 14 AM 11:00



b3c 3/14/97

1. Name of Limited Partnership		1a. DOCUMENT # <b>A96000002145</b>	
OD COLLEGE STATION, LTD.			
2. Mailing Address		2a. Principal Office Address	
C/O CENTRES, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005		1390 SOUTH DIXIE HIGHWAY, SUITE 1304 CORAL GABLES FL 33146	
3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	
11/22/1996		\$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		6. FEI Number	
FL		39-1872766	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		\$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	10. If changed, new Registered Agent/Office
OD COLLEGE STATION, INC. 1390 SOUTH DIXIE HIGHWAY, SUITE 1304 CORAL GABLES FL 33146	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc.
	City
	FL Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
OD COLLEGE STATION, INC.	3315 NORTH 124TH STRE	BROOKFIELD WI 53005	P96000094722
		500002118225--3 -03/19/97--01099--003 *****156.25 *****156.25	
		500002118225--3 -03/19/97--01099--004 *****8.75 *****8.75	

**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.

O D College Station, Inc.

SIGNATURE

*Michelle M. Nennig*

DATE

3/5/97

Typed or Printed Name of General Partner Signing Form

Michelle M. Nennig, Vice President

Daytime Telephone Number 414-781-8760

CR2E003 (1/1/96)