

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

FILED

97 DEC 30 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/13

1. Name of Limited Partnership
1a. DOCUMENT #
A97000000174

FOREST HILL C/T, LTD.

Mailing Address C/O CENTRES, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005		Principal Office Address 1390 SOUTH DIXIE HIGHWAY, SUITE 100 CORAL GABLES, FL 33146		3. Date Formed or Registered 01/22/1997	5a. Capital Contributions as Shown on record \$74,251.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Two Datan Center, Ste. 1528 Suite, Apt. #, etc. 9130 S. Dadeland Blvd.		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$74,251.00
City & State		City & State Miami, FL		4. State or Country of Formation FL	
Zip Country		Zip Country 33156 USA		6. FEI Number 39-1880166	<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 FOREST HILL C/T, INC. 1390 SOUTH DIXIE HIGHWAY, SUITE 100 CORAL GABLES, FL 33146	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.

11. Name(s) of General Partner(s) FOREST HILL C/T, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3315 NORTH 124TH STRE BROOKFIELD WI 53005	11b. City, State & Zip Code BROOKFIELD WI 53005	11c. Registration/ Document Number P97000005548
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***541.25 ***541.25

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

By: Forest Hill C/T, 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)