

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000587

1. Entity Name
CENTRES MID-CROWN, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12: 06



Principal Place of Business
**2 DATRAN CENTER, SUITE 1528
9130 S. DADELAND BLVD.
MIAMI FL 33156**

Mailing Address
**C/O CENTRES, INC.
3315 NORTH 124TH STREET, SUITE E
BROOKFIELD WI 53005-3105**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
c/o Centres, Inc.
Suite, Apt. #, etc.
Two Datran Center, Suite 1528
City & State
9130 S. Dadeland Blvd. Miami, Fl.
Zip
33156
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **39-1882051** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CENTRES MID-CROWN GP, INC.
2 DATRAN CENTER, SUITE 1528
9130 S. DADELAND BLVD.
MIAMI FL 33156**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$5,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000017695 CENTRES MID-CROWN GP, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005	STREET ADDRESS CITY - ST - ZIP	600003272175--7 -05/31/00--01053--002 ****141.25 ****141.25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: **Centres Mid-Crown GP, Inc.**

SIGNATURE: _____ **SIGNATURE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **2/2/06** Daytime Phone # _____

CF 2E003 (9/99)