

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 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/1/97

1. Name of Limited Partnership	1a. DOCUMENT # A97000000859
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CENTRES ALEXANDRIA, LTD.

Mailing Address C/O CENTRES, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005	Principal Office Address 1900 SOUTH DIXIE HIGHWAY, SUITE 1304 CORAL GABLES FL 33146 XXXXXX	3. Date Formed or Registered 04/18/1997	5a. Capital Contributions as Shown on record. \$5,000.00
2. Mailing Address	2a. Principal Office Address Two Datran Center, Ste 1528	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$5,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc. 9130 S. Dadeland Blvd.	4. State or Country of Formation FL	6. FEI Number 39-1888634
City & State	City & State Miami, FL	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country 33156 USA	Zip Country 33156 USA	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CENTRES ALEXANDRIA, INC. 1900 SOUTH DIXIE HIGHWAY, SUITE 1304 CORAL GABLES FL 33146 XXXXXX	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Two Datran Center, Suite 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) CENTRES ALEXANDRIA, 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 P97000032989
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-01/15/98-01093-004
****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

By: Centres Alexandria, Inc.

DATE 12/23/97

Typed or Printed Name of General Partner Signing Form

Michelle M. Nennig

Daytime Telephone Number

414-781-8760

CP2E003 (6/97)