

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 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



SL 1/3

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001248

~~THE CENTRES ORGANIZATION, LTD.~~

CENTRES GROUP EAGAN LIMITED PARTNERSHIP

Mailing Address

% CENTRES, INC.
3315 NORTH 124TH STREET, SUITE E
BROOKFIELD WI 53005

Principal Office Address

~~3315 SOUTH DADE HIGHWAY, SUITE 1304~~
~~CORAL GABLES FL 33146~~
XXXXXXXXXXXXXXXXXXXX

3. Date Formed or Registered

06/06/1997

5a. Capital Contributions as
Shown on record

\$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

FL

6. FEI Number

39-1908120

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

~~THE CENTRES ORGANIZATION, INC. XXXXXXXX~~
~~1305 SOUTH DADE HIGHWAY, SUITE 1304 XXXX~~
~~CORAL GABLES FL 33146 XXXXXXXXXXXXXXXX~~

10. If changed, new Registered Agent/Office

Name

Centres Group Eagan GP, Inc.

Street Address (P.O. Box Number Is Not Acceptable)

Two Dattran Center, Suite 1528

Suite, Apt. #, etc.

9130 S. Dadeland Blvd.

City

Miami

FL

Zip Code

33156

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 12/29/97

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

~~THE CENTRES ORGANIZATION, INC. XXXXX~~

3315 NORTH 124TH STRE

BROOKFIELD WI 53005

P97000049349

Centres Group Eagan GP, Inc.

5000002402015-3
-01/15/98-01093-024
****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 Group Eagan GP, Inc.
Michelle M. Nennig

DATE 12/23/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 414-781-8760

CP2E003 (6/97)