

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 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A97000001363

CENTRES WEST LIMITED PARTNERSHIP

Mailing Address

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

Principal Office Address

1300 SOUTH DIXIE HIGHWAY, SUITE 1000
CORAL GABLES FL 33146

3. Date Formed or Registered

06/20/1997

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

39-1898744

☐ 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

CENTRES WEST GP, INC.

1300 SOUTH DIXIE HIGHWAY, SUITE 1000
CORAL GABLES FL 33146

10. If changed, now 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

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 WEST GP, 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

P97000054630

5000002401365-01
-01/15/98-01093-002
****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 West GP, Inc.

DATE 12/23/97

Typed or Printed Name of General Partner Signing Form

Michelle M. Nennig

Daytime Telephone Number 414-781-8760

CR2E003 (6/97)