

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 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|---|--|---|--|
| 1. Name of Limited Partnership | | 1a. DOCUMENT # A97000001811 | |
| CENTRES GREENWELL, LTD. | | | |
| S | | | |
| Mailing Address 3315 N. 124th St., Ste. E Brookfield, WI 53005 | | Principal Office Address Two Dattran Center, Ste. 1528 9130 S. Dadeland Blvd. Miami, FL 33156 | |
| 2. Mailing Address | | 2a. Principal Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip Country | | Zip Country | |
| | | 3. Date Formed or Registered 8/21/97 | |
| | | 3a. Date of Last Report | |
| | | 4. State or Country of Formation FL | |
| | | 5a. Capital Contributions as Shown on record \$5,000.00 | |
| | | 5b. Amount of Capital Contributions in FLORIDA to date: \$5,000.00 | |
| | | 6. FEI Number 39-1904933 | |
| | | <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

Centres Greenwell, Inc.
Two Dattran Center, Ste. 1528
9130 S. Dadeland Blvd.
Miami, FL 33156

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.10(4) 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) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
| Centres Greenwell, Inc. | 3315 N. 124th Street | Brookfield, WI 53005 | P97000071941 |

200002401982-8
-01/15/98-01093-009
****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 *[Signature]*
By: Centres Greenwell, Inc.
Typed or Printed Name of General Partner Signing Form: Michelle M. Nennig

DATE 12/23/97

Daytime Telephone Number 414-781-8760

CR2003 (6/97)