

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 21 AM 11:13

HR 114



1. Name of Limited Partnership	1a. DOCUMENT # A97000001962
CENTRES PA, LTD.	

Mailing Address 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005	Principal Office Address 2 DATRAN CENTER, #1528 MIAMI FL 33156	3. Date Formed or Registered 09/11/1997	5a. Capital Contributions as Shown on record. \$5,000.00
		3a. Date of Last Report 12/14/1997	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 39-1907744	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CENTRES PA GP, INC. 2 DATRAN CENTER, #1528 9130 S. DADELAND BLVD. MIAMI FL 33156	10. If changed, new Registered Agent/Office Name 600002732076--5 Street Address (P.O. Box Number Is Not Acceptable) 01/06/99--01063 -006 Suite, Apt. #, etc. ****141.25 ****141.25 City FL Zip Code
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CENTRES PA GP, INC.	3315 N. 124TH STREET,	BROOKFIELD WI 53005	P97000077956

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.

Centres PA, LTD.
SIGNATURE By: Centres PA GP Inc DATE 12/7/98
Michelle M. Nennig
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number 414-781-8760

CR2E003 (8/98)