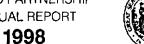
AR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

ED PARTNERSHIP **ANNUAL REPORT**





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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I GREENVILLE LIMITED PARTNERSHIP	TALLAHASSEE, FLUKID,
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Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
3315 N. 124th Street Suite E	Two Datran Center Suite 1528	9/17/97 3a. Date of Last Report	\$5,000.00	
Brookfield, WI 53005	9130 S. Dadeland Blvd.		5b. Amount of Capital	
	Miami, FL 33156	4. State or Country of Formation	Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	FL	\$5,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 39-1907741	Applied For Not Applicable	
City & State	City & State		Not Applicable	
Z ip Country	Zip Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of	f State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
CI Greenville GP, Inc.	Name		
Two Datran Center Suite 1528	Streel Address (P.O. Box Number Is Nol Acceptable)		
9130 S. Dadeland	Suite, Apt. #, etc		
Miami, FL 33156	City FL Zip Code		

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) ___

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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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
CI Greenville GP, Inc.	3315 N. 124th Street	Brookfield, WI 53005	.P97000078481
		400002* -01/15	#02064 2 #02064- 2 (9801099020
/ *		**************************************	6.25 ****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). Fiorida 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 eath. Flurther earlify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE _

By: CI Greenville Michelle M. Nennig CI Greenville GP, Inc. 12/23/97

CR2E003 (6/97)