

**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. Moigham
Secretary of State
DIVISION OF CORPORATIONS

FILED
JAN 19 1999
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership:

1a. DOCUMENT #
A98000000177

CENTRES WEST BELL ROAD LIMITED PARTNERSHIP

Mailing Address

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

Principal Office Address

TWO DATRAN CENTER SUITE 1528
9130 SOUTH DADELAND BOULEVARD
MIAMI FL 33156

2. Mailing Address

Suite, Apt #, etc

City & State

Zip Country

2a. Principal Office Address

Suite, Apt #, etc

City & State

Zip Country

3. Date Form For Registered

01/16/1998

3a. Date of Last Report

5a. Capital Contributions as
Shown on record

\$5,000.00

5b. Amount of Capital
Contributions in FL On 01/16/98
to date

4. State or Country of Formation

FL

6. FEIN Number

39-1918808

Applied For
 Not Applicable

7. Certificate of Status Entered

\$8.75 Annual
Fee Required

8. Must Check Payable to Dept. of State (See Instructions to the filer information)

9. Name and Address of Current Registered Agent

CENTRES WEST BELL ROAD GP, INC.
TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BOULEVARD
MIAMI FL 33156

Name

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

Suite, Apt #, etc

City

10. If changed, new Registered Agent Office

810101027637784-0
-02/03/99-01072-011
****141.25 FL ****141.25

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 the 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 BELL ROAD GP, I

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

P98000004875

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 declare that 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 contained 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

Michelle M. Nennig

Typed or Printed Name of General Partner Signing Form

DATE

12/17/98

Daytime Telephone Number

414-781-8760

CRSE002 (8/98)