

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM****Secretary of State****DOCUMENT # A98000000519**1. Entity Name
CENTRES OXFORD LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
TWO DATRAN CENTER, SUITE 1528 9130 SOUTH DADELAND BOULEVARD MIAMI FL 33156	% CENTRES, INC., TWO DATRAN CENTER #1528 9130 S. DADELAND BLVD. MIAMI FL 33156

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 9130 S. DADELAND BLVD., #1528
City & State	City & State MIAMI FL
Zip Country	Zip Country 33156

4. FEI Number
39-1923475
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCENTRES OXFORD GP, INC.
TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BOULEVARD
MIAMI FL 33156 US**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **04/19/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. Capital Contributions as Shown on record. 5,000.00
10. Amount of Capital Contributions in FLORIDA to date. 5,000.00**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CENTRES OXFORD GP, INC.	STREET ADDRESS	9130 S. DADELAND BLVD., #1528
NAME	3315 NORTH 124TH STREET, SUITE E	CITY-ST-ZIP	MIAMI FL 33156
STREET ADDRESS	BROOKFIELD WI 53005		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **DAVID K. CHARLTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SVST 04/19/2001

Date

Daytime Phone #

CR2E003 (11/00)