


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 21 AM 11:19

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  CENTRES CAPITAL CIRCLE LIMITED PARTNERSHIP		1a. DOCUMENT # A98000001372	
Mailing Address 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005		Principal Office Address 9130 SOUTH DADELAND BOULEVARD TWO DATRAN CENTER, SUITE 1528 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 Formed or Registered 06/02/1998		5a. Capital Contributions as Shown on record. \$5,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 39-1932836 <input type="checkbox"/> Applied For Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/>		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent CENTRES CAPITAL CIRCLE GP, INC. 9130 SOUTH DADELAND BOULEVARD TWO DATRAN CENTER, SUITE 1528 MIAMI FL 33156		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
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.		11. Name(s) of General Partner(s) CENTRES CAPITAL CIRCLE 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 798-48288		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 <u>Michelle M. Nennig</u> Typed or Printed Name of General Partner Signing Form		DATE <u>12/19/98</u> Daytime Telephone Number <u>414-781-8760</u>	

CR2E003 (8/98)