2000 UNIFORM BUSINESS REPORT (UBR) A98000001373 DOCUMENT # 1. Entity Name FILED SECRETARY OF STATE DIVISION OF CORPORATIONS CENTRES ORMOND BEACH LIMITED PARTNERSHIP UU APR 28 PH 12: 06 Principal Place of Business Mailing Address 9130 SOUTH DADELAND BOULEVARD 3315 NORTH 124TH STREET. SUITE E TWO DATRAN CENTER. SUITE 1528 **BROOKFIELD WI 53005-3105** MIAM1 FL 33156 2. Principal Place of Business 3. Mailing Address c/o Centres Inc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2 Datran Center Swite 1528 Applied For City & State City & State 4. FEI Number 39-1932332 Not Applicable 91305 Dadeland Blvd. Miami, Fl Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 以SA 33156 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CENTRES ORMOND BEACH GP, INC. Street Address (P.O. Box Number is Not Acceptable) 9130 SOUTH DADELAND BOULEVARD TWO DATRAN CENTER, SUITE 1528 **MIAMI FL 33156** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$5,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date 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 ADDRESS CHANGES ONLY

DOCUMENT # NAME	P98000048292 CENTRES ORMOND BEACH GP, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005	CITY-ST-ZIP	4000032685345 -05/26/0001074016
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DOCUMENT# NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZBP	

4. Thereby 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 629, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIES

3)20/00

262/781-876¢

Daytimo Phone #

CR2E003 (9/9)