


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. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 21 AM 8:30											
1. Name of Limited Partnership CENTRES IRONSIDE LIMITED PARTNERSHIP		1a. DOCUMENT # A98000001672												
Mailing Address C/O CENTRES, INC. 3315 NORTH 124TH STREET, SUITE 3 BROOKFIELD WI 53005		Principal Office Address TWO DATRAN CENTER 9130 SOUTH DADELAND BLVD., SUITE 1528 MIAMI FL 33156		3. Date Formed or Registered 07/10/1998 3a. Date of Last Report 										
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL 6. FEI Number 39-1935518 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)										
9. Name and Address of Current Registered Agent CENTRES IRONSIDE GP, INC. TWO DATRAN CENTER 9130 SOUTH DADELAND BLVD., SUITE 1528 MIAMI FL 33156		10. If changed, new Registered Agent/Office <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Name</td><td style="width: 50%;"></td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable)</td><td>800002732198--5</td></tr><tr><td>Suite, Apt. #, etc.</td><td>-01706799--01067--001</td></tr><tr><td>City</td><td>***141.25 ***141.25</td></tr><tr><td></td><td style="text-align: center;">FL Zip Code</td></tr></table>			Name		Street Address (P.O. Box Number is Not Acceptable)	800002732198--5	Suite, Apt. #, etc.	-01706799--01067--001	City	***141.25 ***141.25		FL Zip Code
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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.														
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number											
CENTRES IRONSIDE GP, INC.	3315 NORTH 124TH STRE	BROOKFIELD WI 53005	P98000060418											
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 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.														
<table border="0" style="width: 100%;"><tr><td style="width: 60%;">SIGNATURE <u>By: Centres Ironside GP, Inc.</u> Michelle M. Nennig</td><td style="width: 40%;">DATE <u>12/7/98</u></td></tr><tr><td><small>Typed or Printed Name of General Partner Signing Form</small></td><td><small>Daytime Telephone Number</small> <u>414-781-8760</u></td></tr></table>					SIGNATURE <u>By: Centres Ironside GP, Inc.</u> Michelle M. Nennig	DATE <u>12/7/98</u>	<small>Typed or Printed Name of General Partner Signing Form</small>	<small>Daytime Telephone Number</small> <u>414-781-8760</u>						
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CR2E003 (8/98)