2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # A98000002018

1. Entity Name
CI GALAX LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
TWO DATRAN CENTER, SUITE 1528 9130 SOUTH DADELAND BOULEVARD MIAMI FL 33156	% CENTRES, INC., 2 DATRAN CENTER #1528 9130 S. DADELAND BLVD. MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 39-1940022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CENTRES GALAX GP, INC. TWO DATRAN CENTER, SUITE 1528 9130 SOUTH DADELAND BOULEVARD MIAMI FL 33156 US	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 ______________________ 04/19/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 # NAME STREET ADDRESS CITY-ST-ZIP	CENTRES GALAX GP, INC. 3315 NORTH 124TH ST., SUITE E BROOKFIELD WI 53005	STREET ADDRESS CITY-ST-ZIP	9130 S. DADELAND BLVD., #1528 MIAMI FL 33156
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CR2E003 (11/00)

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 SVST 04/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #