

IF THIS REPORT IS FOR A LIMITED PARTNERSHIP  
 WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 98 DEC 21 AM 8:14

1. Name of Limited Partnership	1a. DOCUMENT # A98000002133
CI JEFFERSON LIMITED PARTNERSHIP	

Mailing Address c/o Centres, Inc. 3315 N. 124th Street, Suite E Brookfield, WI 53005	Principal Office Address Two Datran Center, #1528 9130 S. Dadeland Blvd. Miami, FL 33156
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3. Date Formed or Registered 09/15/98	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. FBI Number 39-1941822	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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)	

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

9. Name and Address of Current Registered Agent

CI Jefferson GP, Inc.  
 Two Datran Center, #1528  
 9130 S. Dadeland Blvd.  
 Miami, FL 33156

10. If changed, new Registered Agent/Office

Name: \*\*\*\*141.25 \*\*\*\*141.25

Street Address (P.O. Box Number is Not Acceptable): 7000002732177-0

Suite, Apt. #, etc.

City: FL Zip Code

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.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**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
CI Jefferson GP, Inc.	3315 N. 124th Street, Suite E	Brookfield, WI 53005	#P98000078815

**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.

By: CI Jefferson GP, Inc.  
 SIGNATURE *Michelle M. Nennig* DATE *12/21/98*  
 Typed or Printed Name of General Partner Signing Form Michelle M. Nennig Daytime Telephone Number 414-781-8760