
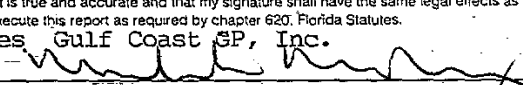


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership CENTRES GULF COAST, LTD.		1a. DOCUMENT # A98000002214	
2. Mailing Address c/o Centres, Inc. 3315 N. 124th St., Suite E Brookfield, WI 53005		2a. Principal Office Address Two Dattran Center, #1528 9130 S. Dadeland Blvd. Miami, FL 33156	
3. Date Formed or Registered 09/23/98		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. FEI Number 39-1941823	
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent Centres Gulf Coast GP, Inc. Two Dattran Center, #1528 9130 S. Dadeland Blvd. 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 Gulf Coast GP, Inc.	
11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3315 N. 124th Street, Suite E		11b. City, State & Zip Code Brookfield, WI 53005	
11c. Registration/Document Number #P98000081681		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: Centres Gulf Coast GP, Inc. SIGNATURE 		DATE 12/15/98	
Typed or Printed Name of General Partner Signing Form Michelle M. Nennig		Daytime Telephone Number 414-781-8760	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 21 AM 8:23

12/15

688002732186-2
-01/06/99-01066-018
****141.25 FL ****141.25

12/15/98