


**FILE ON OR BEFORE DECEMBER 31, 1998 OR 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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  98 DEC 21 AM 8:11	
1. Name of Limited Partnership  CENTRES BLUEBONNET LIMITED PARTNERSHIP		1a. DOCUMENT # A98 000002402			
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		3. Date Formed or Registered 10/20/98  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 39-1944158 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5a. Capital Contributions as Shown on record. \$5,000.00		5b. Amount of Capital Contributions in FLORIDA to date:			
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 Bluebonnet GP, Inc. Two Datran 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.		SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
11. Name(s) of General Partner(s)  Centres Bluebonnet GP, Inc.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3315 N. 124th St., Suite E		11b. City, State & Zip Code Brookfield, WI 53005	
11c. Registration/Document Number #P98000088138		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: Centres Bluebonnet 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					

1127-013 (8/92)