

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # A98000002402

1. Entity Name
CENTRES BLUEBONNET LIMITED PARTNERSHIP

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

C/O CENTRES INC.
9130 S. DADELAND BLVD., #1528
MIAMI FL

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
39-1944158	Not Applicable

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

6. Name and Address of Current Registered Agent

CENTRES BLUEBONNET GP, INC.
TWO DATRAN CENTER
9130 SOUTH DADELAND BLVD., SUITE 1528
MIAMI FL 33156 US

7. Name and Address of New Registered Agent

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 _____ DATE 04/26/2001

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.	10. Amount of Capital Contributions in FLORIDA to date.
5,000.00	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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CENTRES BLUEBONNET GP, INC.	3315 NORTH 124TH STREET, SUITE E	BROOKFIELD WI 53005

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13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP
9130 S. DADELAND BLVD., #1528	MIAMI FL 33156

STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SVST 04/26/2001

Date

Daytime Phone #

CR2E003 (11/00)