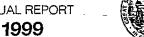
FILE ON OR BEFORE DECEMBER 31, 1998 OR LUMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



empowered to execute this report as required by chapter 620. Florida Statutes.

By: Centres Jackson, GP, Inc.

Typed or Printed Name of General Partner Signing Form

SIGNATURE 🗠

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A9800000 242 SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 21 AM 8: 13

414-781-8760

Daytime Telephone Number _

CENTRES JACKSON LIMITED PARTNERSHIP				
CENTION SPACEOUS EMPLIES IN	KIIVDKDIIII			
			001/5	•
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
c/o Centres, Inc.	Two Datran Center, #1528		10/22/98	1
3315 N. 124th St., Suite E		9130 S. Dadeland Blvd. Miami, FL 33156		\$5,000.00
Brookfield, WI 53005	Miami, FL 33156			5h. Amount of Capital
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLQRIDA to date:
2. Mailing Address	2a. Principal Office Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number	
Care, ript. ii, etc.			39–1944157	Applied For Not Applicable
City & State	City & State			
Zip Country	Zip Country		7. Certificate of Status Desired	\$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		Name	10. If changed, new Register	ed Agent/Office
Centres Jackson GP, Inc. Two Datran Center, #1528				27221794
		Street Address (P.O. Box Number Is 110 Acceptable) 1/06/99-01066-013		
9130 S. Dadeland Blvd. Miami, FL 33156		Suite, Apt. #, e	tc. ************************************	(141.25 ****141.25
Midmit, FL 33130		City		Zip Code
10a. Pursuant to the provisions of sections 620,1051 and				
for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations		rida. Such change	was authorized by its general partner(s). I he	ereby accept the appointment of registered
		•		
SIGNATURE (Registered Agent Accepting Appointment)				<u> </u>
A GENERAL PARTNER THAT I	S A CORPORATION, L	IMITED F	PARTNERSHIP OR OTH	ER BUSINESS ENTITY
	BE REGISTERED AN Address of Each Genera	72 7		11c. Registration/
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	ox Numbers)	11b. City, State & Zip Code	Document Number
Centres Jackson GP, Inc.	3315 N. 124th St., Suite E		Brookfield, WI 53005	5 #P98000089380
:				
•				
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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of

Michelle M. Nenniq

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