

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM****Secretary of State****DOCUMENT # A98000002421**1. Entity Name
CENTRES JACKSON LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
TWO DATRAN CENTER, SUITE 1528 9130 SOUTH DADELAND BLVD. 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. 9130 S. DADELAND BLVD., #1528
City & State MIAMI FL	City & State MIAMI FL
Zip 33156	Country

4. FEI Number
39-1944157

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CENTRES JACKSON GP, INC.**
TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BLVD.
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 **04/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. Capital Contributions as Shown on record. **5,000.00**
10. Amount of Capital Contributions in FLORIDA to date. **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 JACKSON GP, INC.	3315 NORTH 124TH STREET, SUITE E	BROOKFIELD WI 53005

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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

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 **SVST** **04/16/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)