

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002684**

1. Entity Name

CENTRES STONE MOUNTAIN LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BLVD.
MIAMI FL 33156**

Mailing Address
**C/O CENTRES, INC.
3315 NORTH 124TH STREET, SUITE E
BROOKFIELD WI 53005-3105**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
C/O Centres, Inc.
Suite, Apt. #, etc.
2 Dattran Center, Suite 1528
City & State
9130 S. Dadeland Blvd. Miami, FL
Zip
33156

4. FEI Number **39-1947530**

Applied For
Not Applicable

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

Country **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CENTRES STONE MOUNTAIN GP, INC.
TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BLVD.
MIAMI FL 33156**

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 _____
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.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000100369 CENTRES STONE MOUNTAIN GP, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005	STREET ADDRESS CITY - ST - ZIP	000003268530--7 --05/26/00--01074--014 ***141.25 ***141.25
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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.

By: Centres Stone Mountain GP, Inc.
SIGNATURE: SIGNATURE REQUIRED
Michelle M. Dennis, Vice-President
Date **3/20/00** Daytime Phone # **262/781-8960**

CR2E003 (9/99)