

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002685**

1. Entity Name

CENTRES SOUTHAVEN LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

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

Two Datran Center, Suite 1528
9130 S. Dadeland Blvd. Miami, FL
33156 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1998108	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CENTRES SOUTHAVEN 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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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	P98000100373 CENTRES SOUTHAVEN GP, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005	STREET ADDRESS CITY - ST - ZIP	
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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 Southaven GP, Inc.

SIGNATURE: **SIGNATURE REQUIRED** _____ Date _____ Daytime Phone # _____

CR2E003 (9/99)