

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002686

1. Entity Name

CENTRES MEMPHIS 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



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
c/o Centres, Inc.
Suite, Apt. #, etc.
Two Datan Center, Suite 1528
City & State
9130 S. Dadeland Blvd. Miami, FL
Zip Country
33156 USA

4. FEI Number 39-1998107
APPLIED FOR

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

6. Name and Address of Current Registered Agent
CENTRES MEMPHIS GP, INC.
TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BLVD.
MIAMI FL 33156

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 _____ (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

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 #	P98000100376	STREET ADDRESS	
NAME	CENTRES MEMPHIS GP, INC.	CITY - ST - ZIP	
STREET ADDRESS	3315 NORTH 124TH STREET, SUITE E		
CITY - ST - ZIP	BROOKFIELD WI 53005		
DOCUMENT #		STREET ADDRESS	500003265735--0
NAME		CITY - ST - ZIP	-05/24/00--01093--015
STREET ADDRESS			****141.25 ****141.25
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NAME		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

By: Centres Memphis GP, Inc.
SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (9/99)