

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A99000000229**

1. Entity Name  
**CASTLE HILLS CENTRES 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**

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

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

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**39-1953466**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CASTLE HILLS CENTRES 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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P99000011420 CASTLE HILLS CENTRES GP, INC. 3315 NORTH 124TH STRET, SUITE E BROOKFIELD WI 53005</b>	STREET ADDRESS CITY - ST - ZIP	<b>4000003264904--4 -05/24/00--01044--018 ****141.25 ****141.25</b>
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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: Castle Hills Centres Gp, Inc.

SIGNATURE: **SIGNATURE REQUIRED** Date **2/12/00** Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)