

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 08:00 AM
Secretary of State

DOCUMENT # A99000000229

1. Entity Name

CASTLE HILLS CENTRES LIMITED PARTNERSHIP

Principal Place of Business

TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BLVD.
MIAMI FL 33156

Mailing Address

C/O CENTRES, INC., TWO DATRAN CNTR., #1528
9130 DADELAND BLVD.
MIAMI FL 33156

2. Principal Place of Business

C/O CENTRES INC.

Suite, Apt. #, etc.

9130 S. DADELAND BLVD., #1528

City & State

MIAMI FL

Zip
33156

3. Mailing Address

C/O CENTRES INC.

Suite, Apt. #, etc.

9130 DADELAND BLVD., #1528

City & State

MIAMI FL

Zip
33156

Country

4. FEI Number

39-1953466

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

CASTLE HILLS CENTRES 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/01/2001

DATE

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 CASTLE HILLS CENTRES GP, INC.
STREET ADDRESS 3315 NORTH 124TH STRET, SUITE E
CITY-ST-ZIP BROOKFIELD WI 53005

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 9130 S. DADELAND BLVD., #1528

CITY-ST-ZIP 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FAST 03/01/2001

Date

Daytime Phone #

CR2E003 (11/00)