

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000520			
1. Entity Name WOODLAND OAKS 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. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005-3105	
2. Principal Place of Business		3. Mailing Address c/o Centres, Inc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Two Datan Center, Suite 1528	
City & State		City & State 9130 S. Dadeland Blvd. Miami, FL	
Zip	Country	Zip	Country
33156		33156	USA
6. Name and Address of Current Registered Agent WOODLAND OAKS 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	P99000028381 WOODLAND OAKS CENTRES GP, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005	STREET ADDRESS CITY - ST - ZIP	300003264899--1 -05/24/00--01044--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: Woodland Oaks Centres GP, Inc. SIGNATURE: SIGNATURE REQUIRED <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			
		Date	Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

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