

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000868			
1. Entity Name CENTRES GULFPORT 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent			
CENTRES GULFPORT 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			
State			
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.		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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000047441	STREET ADDRESS	
NAME	CENTRES GULFPORT GP, INC.	CITY - ST - ZIP	
STREET ADDRESS	9130 SOUTH DADELAND BLVD., SUITE 1528		
CITY - ST - ZIP	MIAMI FL 33156		
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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 Gulfport GP, Inc.			
SIGNATURE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

4. FEI Number	39-1963917	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

CR2E003 (9/99)