

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001220

1. Entity Name
CI VIRGINIA BEACH 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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <i>c/o Centres, Inc.</i> Suite, Apt. #, etc. <i>Two Datan Center, Suite 1528</i> City & State <i>9130 S. Dadeland Blvd. miami, FL</i> Zip <i>33156</i>	
Country <i>USA</i>		4. FEI Number <i>39-1968984</i>	

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

6. Name and Address of Current Registered Agent

**CI VIRGINIA BEACH 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
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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	P99000066467 CI VIRGINIA BEACH GP, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005	STREET ADDRESS CITY - ST - ZIP	500003264895--3 -05/24/00--01044--010 ****141.25 ****141.25
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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: **CI Virginia Beach GP, Inc.**
SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **2/12/00** Daytime Phone # _____

CR2E003 (9/99)