

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001357

1. Entity Name

WHITEHOUSE CENTRES LIMITED PARTNERSHIP

FILED

01 AUG 20 PM 12:17

Principal Place of Business

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

Mailing Address

C/O CENTRES, INC., TWO DATRAN CENTER, SUITE E
3315 NORTH 124TH STREET, SUITE E
MIAMI FL 33156

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Two Datran Center, Ste. 1528

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9130 S. Dadeland Blvd.

City & State

City & State

Miami, Florida

Zip

Country

Zip

33156

Country

US

DUE BY SEPTEMBER 26, 2001

4. FEI Number

39-1970925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITEHOUSE CENTRES GP, INC.
9130 SOUTH DADELAND BOULEVARD
TWO DATRAN CENTER, SUITE 1528
MIAMI FL 33156

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 reinstalling)

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 # P99000073291
NAME WHITEHOUSE CENTRES GP, INC.
STREET ADDRESS 3315 NORTH 124TH STREET, SUITE E
CITY-ST-ZIP BROOKFIELD WI 53005

STREET ADDRESS 9130 S. Dadeland Blvd., Suite 1528
CITY-ST-ZIP Miami, Florida 33156

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

8/9/01

305-670-1997

CR2E003 (5/01)

STAPLE CHECK HERE