

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # A99000001702**1. Entity Name  
**CENTRES RICHMOND LIMITED PARTNERSHIP****Principal Place of Business**

9130 SOUTH DADELAND BLVD

MIAMI  
33156

FL

**Mailing Address**

C/O CENTRES, INC., 2 DATRAN CENTER #1528

9130 S. DADELAND BLVD.

MIAMI  
33156

FL

**2. Principal Place of Business**

9130 S. DADELAND BLVD., #1528

**3. Mailing Address**

C/O CENTRES INC.

Suite, Apt. #, etc.

9130 S. DADELAND BLVD., #1528

**City & State**

MIAMI

FL

**City & State**

MIAMI

FL

**Zip**

33156

**Country**

US

**Zip**

33156

**Country**

US

**4. FEI Number****39-1975597****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**CENTRES RICHMOND GP INC  
9130 SOUTH DADELAND BLVDMIAMI  
33156

FL

US

**7. Name and Address of New Registered Agent****Name**

CENTRES RICHMOND GP, INC.

**Street Address (P.O. Box Number is Not Acceptable)**

9130 S. DADELAND BLVD., #1528

City  
MIAMI

FL

Zip Code  
33156

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 **DAVID K. CHARLTON****04/12/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record. 5,000.0010. 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 CENTRES RICHMOND GP INC  
STREET ADDRESS 3315 NORTH 124TH STREET, STE E  
CITY-ST-ZIP BROOKFIELD WIDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
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CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
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

SVST 04/12/2001

Date

Daytime Phone #

CR2E003 (11/00)