

2001 UNIFORM BUSINESS REPORT (UBR)

0003042 AF

DOCUMENT # **A99000001822**

1. Entity Name

CENTENNIAL PARTNERS, LTD.

FILED

01 APR 16 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3830 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33309	Mailing Address 3830 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33309
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2. Principal Place of Business 1651 Tyler St Suite, Apt. #, etc. 105	3. Mailing Address P.O. Box 222767 Suite, Apt. #, etc.
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City & State Hollywood FL	City & State Hollywood FL
Zip 33020	Country Broward
Zip 33022-2767	Country Broward

4. FEI Number 65-0960428	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FORMAN, ROBERT S ESQ. 2101 WEST COMMERCIAL BLVD. HOLLYWOOD FL 33021

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)</small>	DATE _____
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9. Capital Contributions as Shown on record. \$2,700,000.00	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 # P99000096877	NAME CENTENNIAL ATLANTA, INC. STREET ADDRESS 3830 HOLLYWOOD BOULEVARD CITY-ST-ZIP HOLLYWOOD FL 33309	STREET ADDRESS	
		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/6/01

Date

954-927-2622
Ext 812

Daytime Phone

CR2E003 (11/00)