

# 2000 UNIFORM BUSINESS REPORT (UBR)

*enf*

<b>DOCUMENT #</b> A99000002020			
<b>1. Entity Name</b> CENTRES JOHNSON LIMITED PARTNERSHIP			
<b>Principal Place of Business</b>		<b>Mailing Address</b>	
Two Datan Center, #1528 9130 S. Dadeland Blvd. Miami, FL 33156		3315 N. 124th St., Ste. E Brookfield, WI 53005	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		c/o Centres, Inc. Two Datan Center, Suite 1528	
<b>City &amp; State</b>		<b>City &amp; State</b>	
9130 S. Dadeland Blvd. Miami, FL		9130 S. Dadeland Blvd. Miami, FL	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
33156	USA	33156	USA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 28 AM 3:05

DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
Arnold D. Shevin Two Datan Center, #1528 9130 S. Dadeland Blvd. Miami, FL 33156				Name: Centres Johnson GP, Inc. Street Address (P.O. Box Number is Not Acceptable): Two Datan Center, #1528 9130 S. Dadeland Blvd. 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.

<b>SIGNATURE</b> 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		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 #	NAME	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
	Centres Johnson GP, Inc.		3315 N. 124th St. E	Brookfield, WI 53005	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	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:** *Michelle M. Neal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: Michelle M. Neal, Vice President

Date: 2/23/00 Daytime Phone #: (262) 781-8760

CR2E003 (9/99)