

Division of Corporations

A99000002021

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000030982 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : CENTRES, INC.
Account Number : I19990000140
Phone : (305) 670-1997
Fax Number : (305) 670-4429

FILED
99 DEC -6 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
99 DEC -6 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED PARTNERSHIP

CENTRES FOREST LIMITED PARTNERSHIP

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$148.75 |

A99-2021

| | |
|----------------|---------|
| Name | AL 12/6 |
| Address | |
| Document | |
| Examination | |
| Updater | |
| Updater | |
| Verifier | |
| Acknowledgment | |
| W. P. Verifier | |

Fax Audit Number. H99000030982 5

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
CENTRES FOREST LIMITED PARTNERSHIP**

The undersigned, desiring to form a limited partnership in accordance with the provisions of the Florida Revised Uniform Limited Partnership Act of 1986, as set forth in Sections 620.101 to 620.192, Florida Statutes, as amended, hereby states as follows:

1. The name of the limited partnership is CENTRES FOREST LIMITED PARTNERSHIP, a Florida limited partnership (the "Limited Partnership").

2. The address of the principal and registered office of the Limited Partnership is:

Two Dattran Center, Suite 1528
9130 South Dadeland Boulevard
Miami, Florida 33156

3. The name and address of the agent for service of process required to be maintained by Section 620.105, Florida Statutes, as amended are:

CENTRES FOREST GP, INC.,
a Florida corporation
Two Dattran Center, Suite 1528
9130 South Dadeland Boulevard
Miami, Florida 33156

4. The name and business address of the sole general partner of the Limited Partnership are:

CENTRES FOREST GP, INC.,
a Florida corporation
c/o Centres, Inc.
3315 North 124th Street, Suite E
Brookfield, Wisconsin 53005

5. The mailing address of the Limited Partnership is:

c/o Centres, Inc.
3315 North 124th Street, Suite E
Brookfield, Wisconsin 53005

This Instrument Prepared by:
Arnold D. Shevin, Esq.
Florida Bar No 0129474
Centres Inc.
Two Dattran Center, Suite 1528
9130 South Dadeland Boulevard
Miami, Florida 33156

Fax Audit Number: H99000030982 5

FILED
99 DEC - 6 PM 3:19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

899-105342

Fax Audit Number: H99000030982 5

6. The latest date upon which the Limited Partnership is to dissolve is December 31, 2049.

The execution of this Certificate of Limited Partnership on behalf of the undersigned sole general partner constitutes an affirmation that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole general partner of the Limited Partnership as of the 3rd day of December, 1999.

CENTRES FOREST GP, INC.,
a Florida corporation

By: 
Kenneth B. Karl, President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC -6 PM 3:19

FILED

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

The undersigned, as President on behalf of CENTRES FOREST GP, INC., a Florida corporation (the "Corporation"), which has been designated as registered agent for CENTRES FOREST LIMITED PARTNERSHIP, a Florida limited partnership (the "Limited Partnership"), in the foregoing Certificate of Limited Partnership of the Limited Partnership, hereby agrees that the Corporation will accept service of process for and on behalf of the Limited Partnership and that the corporation will comply with any and all laws, including, without limitation, Section 620.192, Florida Statutes, as amended, relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited partnership.

Dated: December 3, 1999

CENTRES FOREST GP, INC., a
Florida corporation

By: 
Kenneth B. Karl, President

Fax Audit Number: H99000030982 5

Fax Audit Number: H99000030982 5

AFFIDAVIT OF CAPITAL CONTRIBUTIONS**STATE OF FLORIDA:
COUNTY OF MIAMI-DADE :**


BEFORE ME, the undersigned authority, a notary public authorized to administer oaths and to take acknowledgments in and for the State and County aforesaid, personally appeared Kenneth B. Karl, as President of CENTRES FOREST GP, INC., a Florida corporation (the "Corporation"), which corporation is the sole general partner of CENTRES FOREST LIMITED PARTNERSHIP, a Florida limited partnership (the "Limited Partnership"), who, after first being duly sworn on oath, deposes and says as follows on behalf of the Corporation:

1. Affiant is the President and duly authorized to act on behalf of the Corporation, which is the sole general partner of the Limited Partnership.

2. As of the date hereof, the limited partners of the Limited Partnership have actually contributed to the Limited Partnership an aggregate of \$1.00 of the total amount of \$5,000.00 in capital contributions anticipated to be contributed to the Limited Partnership by its limited partners.

3. Affiant is familiar with the nature of an oath and with the penalties as provided by the laws of the State of Florida for falsely swearing to statements made in an instrument of this nature. Affiant has read and understands the contents of this Affidavit and the facts stated herein are true and correct to the best of Affiant's knowledge and belief.

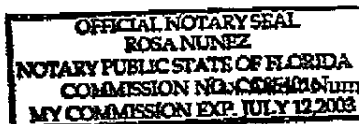
FURTHER AFFIANT SAYETH NAUGHT.


Kenneth B. Karl, as President and on behalf of
CENTRES FOREST GP, INC., a Florida
corporation

THE FOREGOING INSTRUMENT was acknowledged, sworn to and subscribed before me this 6th day of December, 1999, by Kenneth B. Karl, as President of CENTRES FOREST GP, INC., a Florida corporation, on behalf of such corporation, and who is personally known to me.

My Commission Expires:


Print Name: Rosa Nunez
NOTARY PUBLIC, STATE OF FLORIDA
Serial No., if any: _____



H99000030982 5

99 DEC - 6 PM 3:19

FILED