

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002021

1. Entity Name

CENTRES FOREST LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
Two Dattran Center, #1528 3315 N. 124th St., Suite E
9130 S. Dadeland Blvd. Brookfield, WI 53005
Miami, FL 33156

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. c/o Centres, Inc.

City & State City & State
9130 S. Dadeland Blvd. Miami, FL

Zip Country Zip Country
33156 USA

4. FEI Number 39-1981071 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

Arnold D. Shevin
Two Dattran Center, #1528
9130 S. Dadeland Blvd.
Miami, FL 33156

Name Centres Forest GP, Inc.
Street Address (P.O. Box Number is Not Acceptable)
Two Dattran 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.

SIGNATURE 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 #	Centres Forest GP, Inc.	STREET ADDRESS	CITY-ST-ZIP	3315 N. 124th St., Ste. E Brookfield, WI 53005
NAME				
STREET ADDRESS				
CITY-ST-ZIP				300003268499--6 05/26/00--01074--003 ****141.25 ****141.25
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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

By: Centres Forest GP, Inc.
SIGNATURE: *[Handwritten Signature]*
Michelle M. Deanna, Vice President

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

CRZE003 (9/99)