

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A33332
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CHCV LIMITED *98-ARCUS*

C.M.



Mailing Address P.O. BOX 5252 LAKELAND FL 33807	Principal Office Address 5015 SOUTH FLORIDA AVENUE SUITE 200 LAKELAND FL 33813
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3. Date Formed or Registered 08/11/1992	5a. Capital Contributions as Shown on record. \$100.00
3a. Date of Last Report 12/13/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. FEI Number 59-2410055	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

McFARLANE, PETER A
5015 SOUTH FLORIDA AVENUE
SUITE 215
LAKELAND FL 33813

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is NOT Allowed) **200002361252-4**

Suite, Apt. #, etc. **12/02/97-01080-016**

City *****165.00 ***165.00**

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CENTURY REALTY FUNDS, INC	5015 SO. FLORIDA AVE.	LAKELAND FL	616872
CRF MANAGEMENT CO., INC.	5015 SO. FLORIDA AVE.	LAKELAND FL	G23570

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  DATE **11-19-97**

Century Realty Funds, Inc. Raymond Moats, President

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number **941-647-1581**

CR2E003 (6/97)