

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 23 PM 4:14

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1. Name of Limited Partnership	1a. DOCUMENT # A9700000615
CENTURY/HILLCREST, LTD.	

Mailing Address 601 S.W. 60TH AVENUE MIAMI FL 33144	Principal Office Address 601 S.W. 60TH AVENUE MIAMI FL 33144	3. Date Formed or Registered 03/13/1997	5a. Capital Contributions as Shown on record \$700,000.00
2. Mailing Address 12951 SW 49CT Suite, Apt. #, etc.	2a. Principal Office Address 12951 SW 49CT Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: 700,000
City & State Miramar, FL Zip 33027	City & State Miramar, FL Zip 33027	4. State or Country of Formation FL	
Country USA	Country USA	6. FEI Number 65-0737614	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired	<input 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 MIAMI CORPORATE SYSTEMS, INC. 5200 BLUE LAGOON DRIVE, SUITE 700 MIAMI FL 33126	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 MANAGEMENT GROUP, IN	901 S.W. 69TH AVENUE	MIAMI FL 33144	P97000011266
HILLCREST COMMUNITIES CORPOR	7661 S.W. 146TH STREE	MIAMI FL 33176	P97000012792
400002416524--9 -01/29/98--01109--006 ***526.25 ***526.25			

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 effects 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 *Julio J. Gonzalez* DATE 1/20/98
 Typed or Printed Name of General Partner Signing Form Julio J Gonzalez Daytime Telephone Number (305) 829-8806

CR2E003 (6/97)