

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 -9 PM 1:31



1. Name of Limited Partnership	1a. DOCUMENT # A27149
CENTURY ASSOCIATES, LTD.	

Mailing Address % JEFFREY C. ROTH. 1500 SAN REMO AVENUE, SUITE 176 CORAL GABLES FL 33146	Principal Office Address % JEFFREY C. ROTH. 1500 SAN REMO AVENUE, SUITE 176 CORAL GABLES FL 33146	3. Date Formed or Registered 09/30/1988	5a. Capital Contributions as Shown on record. \$200,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/14/1997	5b. Amount of Capital Contributions in FLORIDA to date.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 56-0074843	☐ Applied For ☐ Not Applicable
Zip	Country	7. Certificate of Status Desired ☐ \$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 ROTH, JEFFREY C. 1500 SAN REMO AVE., SUITE 176 CORAL GABLES FL 33146	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) 208802413872--7 Suite, Apt. #, etc. -01/28/98-01006-023 ****\$41.25 ****\$41.25 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) SELECT AMERICA LTD.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1500 SAN REMO AVE. S-	11b. City, State & Zip Code CORAL GABLES FL	11c. Registration/Document Number G93047000042
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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

as President of Select America Ltd., as

DATE

12/30/97

Typed or Printed Name of General Partner of Century Associates, Ltd.

(305) 662-4141

CR2E003 (6/97)