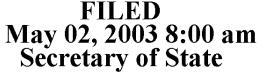
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) 616872 DOCUMENT # 1. Entity Name



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CENTURY REALTY FUNDS, INC. Principal Place of Business Mailing Address 500 S. FLORIDA AVE P.O. BOX 5252 LAKELAND FL 33807 700 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1882315 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCFARLAND, PETER A. ESQ. Street Address (P.O. Box Number is Not Acceptable) 500 S. FLORIDA AVE #715 LAKELAND FL 33801 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change Addition Ž. MAXWELL, LAWRENCE W. NAME STREET ADDRESS 500 S. FLORIDA AVE . #700 STREET ADDRESS LAKELAND FL 33801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME **BOCHIS, GEORGE J** NAME STREET ADDRESS 500 S. FLORIDA AVE , #700 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP Defete TITLE TITLE ☐ Change ☐ Addition NAME KELLEY, KIM NAME STREET ADDRESS STREET ADDRESS 500 S. FLORIDA AVE , #700 CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME MAXWELL, LAWRENCE T NAME STREET ADDRESS STREET ADDRESS 500 S. FLORIDA AVE , #700 ČITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP E TITLE ☐ Delete TITLE Change ☐ Addition NAME EBDRUP, BRIDGET NAME STREET ADDRESS 500 S. FLORIDA AVE , #700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if