



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001674</b> 1. Entity Name CENTURY PLAZA, LTD.					
Principal Place of Business 500 SOUTH FLORIDA AVE., SUITE 700 LAKE LAND, FL 33801				Mailing Address P.O. BOX 5252 LAKE LAND, FL 33807	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State _____		City & State _____			
Zip _____ Country _____		Zip _____ Country _____			
4. FEI Number 59-3679560				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MAXWELL, LAWRENCE T 500 SOUTH FLORIDA AVE., SUITE 700 LAKE LAND, FL 33801				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record, \$1,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P29845		STREET ADDRESS		
NAME	A & M BUSINESS PROPERTIES, INC.		CITY-ST- ZIP		
STREET ADDRESS	500 SOUTH FLORIDA AVE., SUITE 700				
CITY-ST- ZIP	LAKE LAND, FL 33801				
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CITY-ST- ZIP					
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.					
SIGNATURE: <i>Kim S. Kelley</i> _____ Kim S. Kelley			4/27/05 Date		863-647-1581 Daytime Phone #

STAPLE CHECK HERE