

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001715



1. Entity Name
WALDEN WOODS, LTD.

Principal Place of Business
500 SOUTH FLORIDA AVE., SUITE 700
LAKELAND, FL 33801

Mailing Address
P.O. BOX 5252
LAKELAND, FL 33807



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01152004 Chg-LP CR2E003 (10/03)

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number
59-3681061

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAXWELL, LAWRENCE T
500 SOUTH FLORIDA AVE., SUITE 700
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entry 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

DATE

9. Capital Contributions
 as Shown on record **\$1,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **616872**
 NAME **CENTURY REALTY FUNDS, INC.**
 STREET ADDRESS **500 SOUTH FLORIDA AVE., SUITE 700**
 CITY-ST-ZIP **LAKELAND, FL 33801**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP
U00000160284
05/13/04-80015-005 150.00

STREET ADDRESS
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STREET ADDRESS
 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: Kim S. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/04 863-647-1581
Date Daytime Phone #

Kim S. Kelley

STAPLE CHECK HERE