


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

FILED
May 11, 2005 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.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
MAXWELL, LAWRENCE T
500 SOUTH FLORIDA AVE., SUITE 700
LAKELAND, FL 33801

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 _____
Signature, typed or printed name of registered agent and title if applicable

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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

U00000365983
05/11/05-80025-003 150.00



04272005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3681061

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

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/27/05 863-647-1581

SIGNATURE AND TYPED OR PRINTED NAME OF FILING GENERAL PARTNER _____ Date _____ Daytime Phone # _____

Kim S. Kelley