


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Apr 30, 2007 08:00 A  
Secretary of State**

**DOCUMENT # A0000001715**

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 - No P.O. Box #  
Suite, Apt. #, etc.

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



01292007 Chg-LP CR2E003 (12/06)

4. FEI Number  
59-3681061

Applied For  
Not Applicable

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

**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 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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	616872	STREET ADDRESS	
NAME	CENTURY REALTY FUNDS, INC.	CITY-ST-ZIP	
STREET ADDRESS	500 SOUTH FLORIDA AVE., SUITE 700		
CITY-ST-ZIP	LAKELAND, FL 33801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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05/17/07-80052-018 508.75

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/25/07 803-647-1581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Kim S Kelley