

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

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

FILED  
03 MAY - 6 PM 7:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJH**



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3681061**

Applied For

Not Applicable

Zip

Zip

Country

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**

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

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

DATE

9. Capital Contributions **\$1,000.00** **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**4000018299404  
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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: *Kimberly Keeley***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/25/03 863-647-1581**

Date

Daytime Phone #

CR2E003 (10/02)