2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 23 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04212004 Chg-LP CR2E003 (10/03)

DOCUMENT # A01000000169

1. Entity Name
CENTURY/VILLA ISABELLA, LTD.

Principal Place of Business	Mailing Address
7270 NW 12TH STREET, SUITE 410 MIAMI, FL 33126	7270 NW 12TH STREET, SUITE 410 MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
1804 Ponce deleon Blvd.	1804 Ponce de leon Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL.	City & State: Coral Gables, FL.
Zip: 33134 Country: U.S.A.	Zip: 33134 Country: U.S.A.

4. FEI Number: 65-1078808 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALBA-REILLY, KEYLA
7270 NW 12TH STREET, SUITE 410
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: Villa Sales Center
Street Address (P.O. Box Number is Not Acceptable): 1804 Ponce de leon Blvd.
City: Coral Gables FL Zip Code: 33134

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 as Shown on record: $250,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000077512	STREET ADDRESS	
NAME	CBG MANAGEMENT CORP.		
STREET ADDRESS	7270 NW 12TH STREET, SUITE 410	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33126		
DOCUMENT #	P01000012083	STREET ADDRESS	800035796718
NAME	VILLA ISABELLA, INC.		
STREET ADDRESS	% 780 N.W. LE JEUNE ROAD, SUITE 324	CITY-ST-ZIP	05/10/04--01032--001 **526.25
CITY-ST-ZIP	MIAMI, FL 33126		
DOCUMENT #		STREET ADDRESS	
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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)(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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #