

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 23 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000612

1. Entity Name
CENTURY/VILLA FLORINI, LTD.



Principal Place of Business
7270 N.W. 12TH STREET, SUITE 410
MIAMI, FL 33126

Mailing Address
7270 N.W. 12TH STREET, SUITE 410
MIAMI, FL 33126

2. Principal Place of Business

1804 Ponce de Leon Blvd
Suite, Apt. #, etc.

3. Mailing Address

1804 Ponce de Leon Blvd
Suite, Apt. #, etc.

City & State

Coral Gables FL 33134

City & State

Coral Gables, FL

Zip

33134

Country

U.S.A.

Zip

33134

Country

U.S.A.

04212004

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-1107283

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 a 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.

05/04/04 01075-016 **526.25

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 # P99000077512
NAME CBG MANAGEMENT CORP.
STREET ADDRESS 7270 N.W. 12TH STREET, SUITE 410
CITY-ST-ZIP MIAMI, FL 33126

DOCUMENT # P01000044007
NAME VILLA FLORINI, INC.
STREET ADDRESS 780 N.W. LEJEUNE ROAD, SUITE 324
CITY-ST-ZIP MIAMI, FL 33126

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE