2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A01000000612

1. Entity Name CENTURY/VILLA FLORINI, LTD.

Principal Place of Business

1804 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 Mailing Address

1804 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

FILED

2007 APR 11 AM 9:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA



03062007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-1107283 Applied For
Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VILLA SALES CENTER 1804 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

| 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. | • |

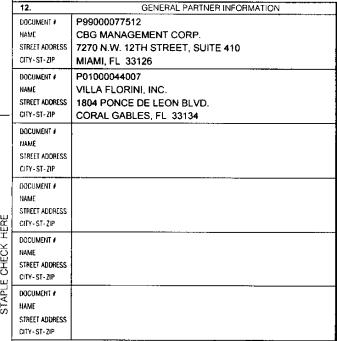
SIGNATURE

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

DATE

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.



000096791010 04/13/07--01036--022 **500.00

DO NOT WRITE IN THIS SPACE

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 the 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 lequired by Chapter 620, Florida Statutes

SIGNATURE:

E AND TYPED OR PRINTED HAVE OF SIGNING GENERAL PARTNER

1/2/07

Daytime Phone #