

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

**FILED**

2007 APR 11 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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



03062007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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

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.**

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 1804 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES, FL 33134

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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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 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

4/2/07

Date

Daytime Phone #

STAPLE CHECK HERE