

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 23 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000762

1. Entity Name
CENTURY/VILLAS AT SANTANDER, 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
Zip
33134
Country
USA

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Coral Gables, FL
Zip
33134
Country
USA

04212004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1110263

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
NAME	CBG MANAGEMENT CORP.
STREET ADDRESS	7270 N.W. 12TH STREET, SUITE 410
CITY-ST-ZIP	MIAMI, FL 33126
DOCUMENT #	P01000049770
NAME	VILLAS AT SANTANDER, INC.
STREET ADDRESS	780 N.W. LE JEUNE ROAD, SUITE 324
CITY-ST-ZIP	MIAMI, FL 33126
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	600036055516
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STREET ADDRESS	
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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