2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 11, 2005 08:00 AM Secretary of State

4/07/05 863-647-1581 Date Daytime Proces

SOS SOUTH FLORIDA AVE., SUITE 700 AKELAND, FL 33801 1. Frincipal Place of Business Suite, Apr. 4, etc. Suite, Apr. 4, etc. Suite, Apr. 4, etc. City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	1. Entity Nam KINGS PO	MENT # A0100000					Sec	eretary	y of State
Suite, Apt. 4, etc. Suite, Apt. 4, etc. O4192005 Chg. LP CR2E003 (10/03) City & State Applied For 30-0000919 Name Applied For 30-0000919 Name Applied For 30-0000919 Name 7. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Dox Number is Not Acceptable) City FL Zip Code Street Address (P.O. Dox Number is Not Acceptable) City FL Zip Code The above named white submits this statement for the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of purpose agent address of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of purpose agent address of the purpose of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of Profide. I am familiar with, and acceptable of Profide. I am f					îe 700				• •
Suite, Apt. 4, etc. Suite, Apt. 4, etc. O4192005 Chg. LP CR2E003 (10/03) City & State Applied For 30-0000919 Name Applied For 30-0000919 Name Applied For 30-0000919 Name 7. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Dox Number is Not Acceptable) City FL Zip Code Street Address (P.O. Dox Number is Not Acceptable) City FL Zip Code The above named white submits this statement for the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of purpose agent address of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of purpose agent address of the purpose of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of the purpose of changing its registered agent, or both, in the State of Profide. I am familiar with, and acceptable of the purpose of Profide. I am familiar with, and acceptable of Profide. I am f	2. Principal P	lace of Business	3. Mailing Address	<u> </u>					
City & State Country City Country City City FL City City City FL City City FL City City FL City City FL City City City City FL City City City FL City City FL City City City City FL City City FL City City City City FL City Ci	Suite, Apt. #, etc. Suite, Apt. #, etc.			 },			-		
Zip Country Zip Country 5, Cartificate of Status Desired	City & State		City & State	City & Stale					Applied For
6. Name and Address of Current Registered Agent MAXWELL, LAWRENCE T DO SOUTH FLORIDA AVE., SUITE 700 AKELAND, FL 33801 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Piorida. I am familiar with, and acce the obligations of registered agent. GRANTURE Signature 4. Cepital Contributions 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. 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. COMMON SIGNATURE SIGNATURE REPORTATION SIREET ACCESS COUNTY STATE COMMON SIGNATURE SIGNA	Zip	Country	Zip	Country				7 \$8	3.75 Additional
MAXWELL, LAWRENCE T 500 SOUTH FLORIDA AVE., SUITE 700 AKELAND, FL 33801 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of registered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of registered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of registered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of registered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of registered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of registered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of registered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of registered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida agent, or both, in the State of Florida agent, or bo		6. Name and Address of Curre	nt Registered Agent		1	7. Name and A	ddress of New F		•
City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accertifications of registered agent. If a control of the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accertification of the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accertification of the collegation of the collegat	500 SOUT!	H FLORIDA AVE., SUITE 70	00	,					
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 accelled the obligations of registered agent. Common or record	LANELAINE	J, FE 33001		+ - ,	City	.,		1 -1	Zío Code
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. GENERAL PARTNER INFORMATION GENERAL PARTNER GENERAL PARTNER GENERAL PARTNER GUY-SI-JP GUMENT / AME GENERAL PARTNER GIY-SI-JP GUMENT / AME GIY-SI-JP GUY-SI-JP GUY-SI-JP GUY-SI-JP GUY-SI-JP GUY-SI-JP GUY-SI-JP	SIGNATURE -	Sgneture, ypad or printed name of registered agentributions \$1,000.00	10. Amount of in FLORID	OA to date.					
COLIMENT AME CENTURY REALTY FUNDS, INC. STREET ADDRESS CITY-ST-ZIP COLUMENT AME CITY-ST-ZIP CITY-S		NOTE: General Partners I	MAY NOT be changed	d on the form	UST BE REGIST	ERED AND AC t must be filed	to change a g	eneral partn	er.
MEE ADDRESS THEET ADDRESS THEET ADDRESS THY-ST-2P COUMENT / AAAE TREET ADDRESS THY-ST-2P CITY-ST-2P			IER INFORMATION				ADDRESS CHA	ANGES ONLY	
ITY-ST-ZIP LAKELAND, FL 33801 OCUMENT / MAR IREET ADDRESS DIY-ST-ZIP OCUMENT / ANKE REET ADDRESS CIY-ST-ZIP OCUMENT / ANKE TREET ADDRESS CIY-ST-ZIP	NAME STREET ADDRESS	CENTURY REALTY FUNDS, INC.				U00000365989			
AME IREET ADDRESS IRY-ST-ZIP CITY-ST-ZIP CUMENT # AME IREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CUMENT # AME IREET ADDRESS CITY-ST-ZIP CUMENT # CITY-ST-ZIP CUMENT # AME IREET ADDRESS CITY-ST-ZIP CUMENT # AME IREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY	-SI - ZIP		05/11/05	5-80025-i	009 150.00
OCUMENT I AME TREET ADDRESS TOTY - ST - ZIP OCUMENT I AME TREET ADDRESS CITY - ST - ZIP OCUMENT I AME TREET ADDRESS CITY - ST - ZIP OCUMENT I AME TOTY - ST - ZIP OCUMENT I AME TREET ADDRESS CITY - ST - ZIP OCUMENT I AME TREET ADDRESS CITY - ST - ZIP OCUMENT I AME TREET ADDRESS CITY - ST - ZIP	NAME STREET ADDRESS			Į	ļ <u>.</u>			<u> </u>	
AME TREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP	OCUMENT /			STRE	ET ADDRESS				_ _ _
OCUMENT # AME TREET ADDRESS CITY - ST - ZIP CULY - ST - ZIP CULY - ST - ZIP STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CITY - ST - ZIP CULY - ST - ZIP	STREET ADDRESS			İ				- <u></u>	
TREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS AME (ITY-ST-ZIP CITY-ST-ZIP	DOCUMENT #		-	STRE	ET ADDRESS			<u> </u>	
AME TREET ADDRESS CITY ST- ZIP COUMENT A AML RREET ADDRESS CITY ST- ZIP CITY ST- ZIP CITY ST- ZIP CITY ST- ZIP	STREET ADDRESS CITY-ST-ZIP	l i		CITY	-ST-ZIP		_		
OCUMENT A AML IRECT ADDRESS CITY - ST - ZIP	OCUMENT #		:	STRE	ET ADDRESS				
AME IREET ADDRESS ITY ST-ZIP STREET ADDRESS CITY - ST-ZIP	STREET ADDRESS CITY - ST- ZIP			CITY	-Sr-zip				
CTY - ST - ZIP	DOCUMENT # NAME STREET ADDRESS			Stre	ET ADDRESS			- <u>, ,</u>	
	CITY · ST - ZIP								· · · · · · · · · · · · · · · · · · ·