

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

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT #A01000001668**



1. Entity Name  
**KINGS POINTE, LTD.**

Principal Place of Business  
**500 SOUTH FLORIDA AVE., SUITE 700**  
**LAKELAND, FL 33801**

Mailing Address  
**500 SOUTH FLORIDA AVE., SUITE 700**  
**LAKELAND, FL 33801**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312007

Chg-LP

CR2E003 (12/06)

4. FEI Number

**30-0000919**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAXWELL, LAWRENCE T**  
**500 SOUTH FLORIDA AVE., SUITE 700**  
**LAKELAND, FL 33801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **616872**  
 NAME **CENTURY REALTY FUNDS, INC.**  
 STREET ADDRESS **500 SOUTH FLORIDA AVE.**  
 CITY-ST-ZIP **LAKELAND, FL 33801**

STREET ADDRESS  
 CITY-ST-ZIP

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05/17/07-80061-025 508.75

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**

*Kim S Kelley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/25/07*

Date

*863-647-1581*

Daytime Phone #

STAPLE CHECK HERE

*Kim S Kelley*