


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A02000000971	
1. Entity Name GREENBRIER MOBILES, LTD.	

Principal Place of Business 500 SOUTH FLORIDA AVE. SUITE 700 LAKELAND, FL 33813	Mailing Address 500 SOUTH FLORIDA AVE. SUITE 700 LAKELAND, FL 33813
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01152004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2624795	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MAXWELL, LAWRENCE T 500 SOUTH FLORIDA AVE. SUITE 700 LAKELAND, FL 33813	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	CENTURY REALTY FUNDS, INC.	STREET ADDRESS	
NAME	500 SOUTH FLORIDA AVE.	CITY - ST - ZIP	
STREET ADDRESS	LAKELAND, FL 33813		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	U000000160244
NAME		CITY - ST - ZIP	05/13/04-80013-011 150.00
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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: <u>Kim S. Kelley</u>	Date: <u>4/30/03</u>	Daytime Phone #: <u>813-647-1581</u>
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Kim S. Kelley

STAPLE CHECK HERE