


2007 LIMITED PARTNERSHIP REINSTATEMENT

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 MAY 23 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05162007 REIN-LP CR2E100 (1/07)

4. FEI Number 59-2624795	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.
SIGNATURE Lawrence T. Maxwell 5-16-07
Signature, typed or printed name of registered agent and title if applicable (REGISTERED AGENT MUST SIGN) DATE

FILE NOW!!! FEE IS \$2000.00

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 #	NAME	STREET ADDRESS	
NAME	CENTURY REALTY FUNDS, INC.	CITY-ST-ZIP	200103284562
STREET ADDRESS	500 SOUTH FLORIDA AVE.		05/25/07--01015--009 **2008.75
CITY-ST-ZIP	LAKELAND, FL 33813		
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STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT

06-07

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: Bridget Eldrup 5-16-07 863-647-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE