


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

09 MAY -1 AM 11:10

<b>DOCUMENT # A02000000971</b> 1. Entity Name GREENBRIER MOBILES, LTD.	
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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



01182008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2624795	Applied For Not Applicable
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5. Certificate of Status Desired **A** **\$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. 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 title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

300128119123  
 05/01/08--01034--024 \*\*508.75

**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	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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 PART Kim S Kelley

4/21/08 863.647.1581