


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

FILED

97 NOV 24 AM 10: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership <b>SUGARLOAF MOUNTAIN (B) GROVES, LTD.</b>		1a. DOCUMENT # <b>A09832</b>	
Mailing Address <b>P.O. BOX 5252 LAKELAND FL 33907</b>		Principal Office Address <b>5015 SOUTH FLORIDA AVE., SUITE 200 LAKELAND FL 33813</b>	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered <b>12/30/1980</b>		5a. Capital Contributions as Shown on record. <b>\$0.00</b>	
3a. Date of Last Report <b>12/26/1996</b>		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation <b>FL</b>		6. FEI Number <b>59-2079393</b>	
7. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	



98-12/cas  
cm

9. Name and Address of Current Registered Agent <b>PETER A. MCFARLANE, P.A. 5015 SOUTH FLORIDA AVENUE, SUITE 215 LAKELAND, FL FL 33813</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>CENTURY REALTY FUNDS, INC</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>5015 S. FLORIDA AVE.,</b>	11b. City, State & Zip Code <b>LAKELAND FL</b>	11c. Registration/Document Number <b>616872</b>
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

**Raymond Moats, President**

DATE

**11-19-97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

**941-647-1581**

CR25003 (6/97)