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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED 97 NOV 24 AM 10: 51-

1998		Secretary of State DIVISION OF CORPORATI	ons	TALLAHASSI	Y OF STATEE, FLORI	TE DA	
1. Name of Limited Partnership	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
PARKWOOD, LTD. 45-1			or/cus				
Malling Address				Formed or Registered	5a. Capital Contributions as Shown on record.		
5015 S. FLORIDA AVE., SUITE 200 LAKELAND FL 33813	ORIDA AVE., SUITE 200 FL 33813	3a. Dal	1/1982 e of Last Report	\$0.00			
2. Malling Address 2a. Principal Office Address			4. State	12/26/1996 4. State or Country of Formation FL 5b. Amount of Capital Contributions in Ft OffiDA to date			
Suite, Apt. #, etc. Suite, Apt. #, etc.		#, otc.	6. FEIN		Applied For		
City & State City & State		c	J	190747	Not Applicable		
Zip Country	Zip	7ip Country		cate of Status Desired	Fee Required		
			8. Make	check payable to: Dept. of Sta	ite (Sée reverse s	side for fee information)	
Name and Address of Current Registered Agent Name				10, II changed, new Registered Agent/Office			
MCFARLANE, PETER A. 5015 S. FLORIDA AVE., SUIT LAKELAND FL 33813		Street Address (P.O. Box Number Lettle Attended 1)					
agent. I am familiar with, and ac SIGNATURE (Registered Agent Acceptin	registered office or registered agent, seept the obligations of section 620-19 ag Appointment)	or both, in the State of Florida. Such of 92, Florida Statules.	hange was authorized by i	ts general partner(s), I heroby	accopt the appo	intment of registered	
A GENERAL PARTI	NER THAT IS A COP MUST BE REG	RPORATION, LIMITE SISTERED AND ACT	D PARTNERS IVE WITH THI	HIP OR OTHER S OFFICE.	BUSINE	SS ENTITY	
11. Name(s) of General Partner(s		Address of Each General Partner to NOT Use Post Office Box Numbors)	T	State & Zip Code		Registration/ coment Number	
CENTURY REALTY FUNDS I	J	5015 S. FLA. AVE. #20 LAK		LAKELAND FL		616872	
				3000023 <mark>612333</mark> -12/02/\$701080004 ****169.00 ****165.00			
Note: General partner	s MAY NOT be chang	ed on this form; an ar	nendment mus	t be filed to chan	ge a gene	ral partner.	
12. I do hereby certify that the informal Corporations from any liability of n this annual report is true and accurate.	ion-compliance with Section 119-67(3	rily furnished and does not qualify for t)(k) in the event that the information su the same logal offectors it hads und	polied is deemed exampt	from public access. Hurther of	certify that the into	ormation indicated on	

SIGNATURE ...

Raymond Moats, President

Daytime Telephone Number

941-647-1581

11-14-87

Typed or Printed Name of General Partner Signing Form.