

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


FILED

2005 MAY -2 AM 10:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A13371

1. Entity Name
 HIGHLANDS LAKE, LTD.



Principal Place of Business
 500 SOUTH FLORIDA AVE., SUITE 700
 LAKELAND, FL 33801

Mailing Address
 P.O. BOX 5252
 LAKELAND, FL 33807

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



04262005 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-2249225

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, TIMOTHY F ESQ.
 500 SOUTH FLORIDA AVE., SUITE 800
 LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

9. Capital Contributions as Shown on record. **\$26,550.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT #	616872
NAME	CENTURY REALTY FUNDS, INC
STREET ADDRESS	500 SOUTH FLORIDA AVE., SUITE 700
CITY-ST-ZIP	LAKELAND, FL 33801
DOCUMENT #	
NAME	
STREET ADDRESS	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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CITY-ST-ZIP	

500055187795
 05/24/05 01033 023 **206.50

STAPLE CHECK HERE

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: Kim S. Kelley 4/27/05 863-647-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Kim S. Kelley