2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED) Al te

Due By May 1, 2006				May 01, 2006 08:00 Secretary of Stat	
1. Entity Nar	IMENT #A13371 ne NDS LAKE, LTD.			Še	cretary of Stat
l '	ce of Business FLORIDA AVE., SUITE 700 FL 33801	Mailing Address P.O. BOX 5252 LAKELAND, FL 33807			
DO NOT WRITE IN THIS SPACE				01122006 No Chg-LP	CR2E003 (11/05)
			CE	4. FEI Number 59-2249225 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
	6. Name and Address of Current	Registered Agent	1		Fee Required
CAMPBELL, TIMOTHY F ESQ. 500 SOUTH FLORIDA AVE., SUITE 800 LAKELAND, FL 33801			DO NOT WRITE IN THIS SPACE		
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its registe	red office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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.					
DOCUMENT F NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNEF 616872 CENTURY REALTY FUNDS,INC 500 SOUTH FLORIDA AVE., SUI LAKELAND, FL 33801	RINFORMATION	_		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					0554212 -80084-004 508.75
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	ACE
DOCUMENT #					• •

14. I hereby certify that the information supplied with this filling 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 AND TYPED OF PRINTED NAME OF STONING GENERAL PARTNER

NAME STREET ADDRESS CITY ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP