2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A18618

1. Entity Name
ACV, LTD.

Principal Place of Business	Mailing Address
500 S. FLORIDA AVE., SUITE 700 LAKELAND, FL 33801	P.O. BOX 5252 LAKELAND, FL 33807

DO NOT WRITE IN THIS SPACE

01122006 No Chg-LP   CR2E003 (11/05)

4. FEI Number	Applied For
59-2465986	Not Applicable

5. Certificate of Status Desired ☞ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETER A MCFARLANE P.A.
500 S. FLORIDA AVE., SUITE 715
LAKELAND, FL 33801

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $800.00

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.

12.   GENERAL PARTNER INFORMATION

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

U000000554618
05/16/06--80001-006 508.75

DO NOT WRITE IN THIS SPACE

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_   4/27/06   863-647-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

Kim S Kelley

STAPLE CHECK HERE