

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Apr 30, 2007 08:00 A
Secretary of State**

DOCUMENT #A18618



1. Entity Name
ACV, LTD.

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
59-2465986

Applied For
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

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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	616872	STREET ADDRESS	
NAME	CENTURY REALTY FUNDS, INC	CITY-ST-ZIP	
STREET ADDRESS	500 S. FLORIDA AVE., SUITE 700		
CITY-ST-ZIP	LAKELAND, FL 33801		
DOCUMENT #		STREET ADDRESS	0000000748259
NAME		CITY-ST-ZIP	05/17/07-80057-020 508.75
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STREET ADDRESS			
CITY-ST-ZIP			

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/07 863-647-1581

Date

Daytime Phone #

Kim S. Kelley

STAPLE CHECK HERE