


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 25 AM 10:45

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	Country	Zip	Country	4. FEI Number 59-2465986	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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	NAME		STREET ADDRESS	
NAME	CENTURY REALTY FUNDS, INC	STREET ADDRESS		CITY - ST - ZIP	
STREET ADDRESS	500 S. FLORIDA AVE., SUITE 700	CITY - ST - ZIP			
CITY - ST - ZIP	LAKELAND, FL 33801	STREET ADDRESS			
DOCUMENT #		NAME		STREET ADDRESS	
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STREET ADDRESS		CITY - ST - ZIP			
CITY - ST - ZIP		STREET ADDRESS			
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: <u>Kim S. Kelley</u>				Kim S Kelley 4/17/08 863.647.1581	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE