

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY 28 PM 5:40

DOCUMENT # A18980

1. Name of Limited Partnership

CENTURY PROPERTIES FUND XX, LTD.

4/11/99

DO NOT WRITE IN THIS SPACE

2. Mailing Address P.O. Box 1089 Suite, Apt. #, etc.		3. Principal Office Address One Insignia Financial Plaza Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida 1/25/1985	
City & State Greenville, South Carolina		City & State Greenville, South Carolina		5. FEI Number 94-2930770	
Zip 29602	Country US	Zip 29602	Country US	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> SR 75 Additional Fee required for a Certificate of Status	
				7. State or Country of Formation California	

8a. Capital Contributions as Shown on Record \$12,787,000.00	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
8b. Amount of Capital Contributions in FLORIDA to date \$12,787,000.00	

9. Name and Address of Current Registered Agent	10. If changed, new registered agent/office
	Name Corporation Service Company
	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
	Suite, Apt. #, etc.
	City Tallahassee, FL Zip Code 32301

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Maureen Cullen DATE 5/27/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Fox Partners III	One Insignia Financial Plaza, Corporate Accounting	Greenville, SC 29601 US	GP9900000510
REINSTATEMENT 1998-1999 900002890269-1			
BKC 5/28/99 (BKC) (Cus)			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE See Schedule "1" attached hereto for signature of General Partner DATE May 21, 1999

Typed or Printed Name of General Partner Signing Form Fox Partners III Telephone Number (864) 239-1000

CR2ED39 (1/97)