DOCUI	MENT	# A1898	0		,,,,,,	-,		(▽ -) (2007)**-			:	
CENTURY PROPERTIES FUND XX, LTD.							SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Place of Business Mailing Address ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29602 GREENVILLE SC 29602 Mailing Address P.O. BOX 1089 GREENVILLE SC 29602-1089							00 APR 17 AM 11: 43					
2. Principal Pl 2000 Sor Suite, Apt.	Suite, Apt. #, etc.	00 South Colorado Blvd.			DO NOT WRITE IN THIS SPACE							
City & State Denver,	ė	te 2-1000	City & Slate Denver, CO				4. FEI Number 94-2930770 Applied For Not Applicable					
Zip 80222	Country USA		80222		Country USA		5. Certificate of Status Desired Sa.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					Name		7. Name and Address of New Registered Agent					
CORPORA	-		Street Address (P.O. Box Number is Not Acceptable)									
1201 HAYS STREET TALLAHASSEE FL 32301-2525												
					FL :					Zip Code	_	
8. The above	named entity	submits this statement for	the purpose of changing it	s register	ed office or	r registere	ed agent, or bot	h, in the State of f	Florida.			
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signate	pelinbel eln	when reinstating)		DATE			
9. Capital Contributions as Shown on record. \$12,787,000.00 10. Amount of Capital Continuing FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY								SEE REVE	RSE SIDE FOR	D DEPT. OF STATE FEE INFORMATION		
	NOTE:	General Partners MA	/ NOT be changed on t	the form	; an ame	ndmen	t must be file	d to change a	general partn HANGES ONLY	er.		
12. DOCUMENT# NAME	GP990000		INFORMATION	FORMATION 13.				olorado B uite 2-10	oulevard		(66/6)	
STREET ADDRESS CITY-ST-ZIP	ONE INSI	GNIA FINANCIAL PLAZA LE SC 29602	ı	СПУ	'-ST-ZEP		er, CO	•			R2E003 (9/99)	
DOCUMENT# NAME				STR	EET ADDRESS						_ 5	
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP							
DOCUMENT# NAME				STR	EET ADORESS		<u> </u>	-05/02 -05/02 ****5	2351 700010 26 25 *	954 51019		
STREET ADDRESS CITY-ST-ZIP				CETY	'-ST-ZIP		,	_				
OOCUMENT# NAME				STR	EET ADDRESS						_	
STREET ADDRESS CITY - ST - ZIP				CITY	'-ST-ZIP							
DOCUMENT# NAME				STR	EET ADDRESS					.		
STREET ADDRESS COTY - ST - ZIP				СПУ	/-ST-ZIP		_					
DOCUMENT# YAME				SIR	EET ADDRESS		_					
TETE ADDRESS CITY-ST-ZIP					-ST-ZIP							
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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											or	
Century Properties Fund XX, Ltd., by its GP, Fox Partners III, by its GP, Fox Capital Management Corporation SIGNATURE: By: SI												
SIGNAL	OUE: 5	SIGNATURE: By: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #										