

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 16 PM 12:18

1. Name of Limited Partnership

1a. DOCUMENT #
A22265

CENTURY PENSION INCOME FUND XXIII, LTD.



Mailing Address

~~5005 NORTHSIDE DRIVE, N.W.
370
ATLANTA GA 30328~~

Principal Office Address

~~5665 NORTHSIDE DRIVE, N.W., #370
ATLANTA GA 30328~~

3. Date Formed or Registered

03/26/1986

5a. Capital Contributions as Shown on record

\$13,819,720.00

3a. Date of Last Report

10/31/1995

5b. Amount of Capital Contributions in FLORIDA to date

13,819,720

4. State or Country of Formation

CA

2. Mailing Address

P.O. BOX 1089

2a. Principal Office Address

ONE INSIGNIA FINANCIAL PLAZA

Suite, Apt. #, etc.

~~GREENVILLE, SC~~

Suite, Apt. #, etc.

City & State

GREENVILLE, SC

City & State

GREENVILLE, SC

Zip

29602

Country

USA

Zip

29602

Country

USA

6. FEI Number

94-2963120

Applied For
 Not Applicable

7. Certif. date of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

DATE

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

11. Name(s) of General Partner(s)

FOX PARTNERS V

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

~~5665 NORTHSIDE DRIVE,
ONE INSIGNIA FINANCIAL
PLAZA~~

11b. City, State & Zip Code

~~ATLANTA GA 30328~~
GREENVILLE, SC 29602

11c. Registration Document Number

G92353900075

**100001981701--3
-10/21/96--01062--016
****576.25 ****576.25**

dec

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 document pursuant to Chapter 620, Florida Statutes.

SIGNATURE

B. Fox Partners Management Corporation

DATE

10/2/96

Typed or Printed Name of General Partner Signing Form

Kelley M. Buechler, Nat. Sec.

Daytime Telephone Number

864-239-1000

CR2E003 (6/96)