

2001 UNIFORM BUSINESS REPORT (UBR)

0020837 SP

DOCUMENT #: A22265
1. Entity Name
 CENTURY PENSION INCOME FUND XXIII, LTD.

FILED

01 JUN -8 PM 3:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
 2000 S. COLORADO BLVD., TWR 2, STE. 2-1000 2000 S. COLORADO BLVD., TWR 2, STE. 2-1000
 DENVER CO 80222 DENVER CO 80222

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Zip **Country** **Zip** **Country**

4. FEI Number 94-2963120 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$13,819,720.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #	082350900075
NAME	FOX PARTNERS V
STREET ADDRESS	2000 S. COLORADO BLVD., TWR 2, STE. 2-1000
CITY-ST-ZIP	DENVER CO 80222
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	300004423428-6
CITY-ST-ZIP	-06/18/01--01007--001
	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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
 Century Pension Income Fund XXIII by its GP, Fox Partners V, by its GP, Fox Capital Management Corporation
SIGNATURE: By: Deborah Chesi Assistant Secretary (303) 757-8101
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 04/25/01 Daytime Phone #

CR2E003 (11/00)