

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0021340
SP

DOCUMENT # **A22265**

1. Entity Name

CENTURY PENSION INCOME FUND XXIII, LTD.

02 MAR 15 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2000 S. COLORADO BLVD., TWR 2, STE. 2-1000 DENVER CO 80222	Mailing Address 2000 S. COLORADO BLVD., TWR 2, STE. 2-1000 DENVER CO 80222
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2002	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 94-2963120	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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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 # NAME STREET ADDRESS CITY-ST-ZIP	G00207900199 FOX PARTNERS V 2000 S. COLORADO BLVD., TWR 2, STE. 2-1000 DENVER CO 80222	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	100005169651--4 -03/26/02--01060--007
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	****526.25 ****526.25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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, Ltd., by its GP, Fox Partners V, by its GP Fox Capital Management Corporation

SIGNATURE: By: Chad Asarch Asst: Secy. 3-12-02 7-303-757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE