

**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 Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**97 JAN -7 AM 8:48**

1. Name of Limited Partnership  
**1a. DOCUMENT #  
A24073**



**CENTURY PENSION INCOME FUND XXIV, A CALIFORNIA L  
IMITED PARTNERSHIP**

Mailing Address: **5665 NORTHSIDE DRIVE, N.W.  
SUITE 370  
ATLANTA GA 30328**  
Principal Office Address: **5065 NORTHSIDE DRIVE, N.W.  
SUITE 370  
ATLANTA GA 30328**

3. Date Formed or Registered: **01/14/1987**  
3a. Date of Last Report: **10/31/1995**  
5a. Capital Contributions as Shown on record: **\$8,027,513.00**

2. Mailing Address: **P.O. Box 1089  
GREENVILLE  
GREENVILLE SC  
29602**  
2a. Principal Office Address: **ONE JOSEFINA FINANCIAL  
3rd Floor  
GREENVILLE SC  
29602**

4. State or Country of Formation: **CA**  
5b. Amount of Capital Contributions in FLORIDA to date: **8,027,513.00**  
6. FEI Number: **94-2984976**  
7. Certificate 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  
**C T 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: \_\_\_\_\_ State: **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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
<b>FOX PARTNERS VI</b>	<b>5665 NORTHSIDE DRIVE,</b>	<b>ATLANTIC GA 30328</b>	<b>G92353900076</b>

9000002058599-9  
-01/15/97--01024--006  
\*\*\*576.25 \*\*\*576.25

**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 registration on behalf of the partnership, Florida Statutes.

SIGNATURE: **Kelley M. Buechler, Dist. Sec.** DATE: **10/21/96**  
Typed or Printed Name of General Partner Signing Form: \_\_\_\_\_ Daytime Telephone Number: **864-239-1000**