2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR -7 AM 10: 15

DOCUMENT # A27149

1. Entity Name
CENTURY ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
% JEFFREY C. ROTH, ~~1500 SAN REMO AVENUE, SUITE 176~~ ~~CORAL GABLES, FL 33146~~	% JEFFREY C. ROTH, ~~1500 SAN REMO AVENUE, SUITE 176~~ ~~CORAL GABLES, FL 33146~~

01312006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
866 S. Dixie Hwy. Suite, Apt. #, etc.	866 S. Dixie Hwy. Suite, Apt. #, etc.
City & State: Coral Gables FL	City & State: Coral Gables, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. FEI Number 56-0074843 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROTH, JEFFREY C. ~~1500 SAN REMO AVE.~~, ~~SUITE 176~~ ~~CORAL GABLES, FL 33146~~	Name Street Address (P.O. Box Number is Not Acceptable): 866 S. Dixie Hwy. City: Coral Gables FL Zip Code: 33146

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jeffrey C Roth DATE: 1/31/06
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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 #	G93047000042	STREET ADDRESS	866 S. Dixie Hwy.
NAME	SELECT AMERICA LTD.	CITY-ST-ZIP	Coral Gables, FL 33146
STREET ADDRESS	~~1500 SAN REMO AVE. S 176~~		
CITY-ST-ZIP	~~CORAL GABLES, FL~~		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	200071642112
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE UNDER HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE: [signature] 03/27/06 305 532 6283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #