2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED May 01. 2006 08:00 AM

Due By May 1, 2006				Secretary of State		
DOCUMENT #A30635 1. Entity Name CENTURY FINANCIAL CENTER, LTD.				Sec	retary or state	
Principal Place 500 S. FLOR SUITE 700 LAKELAND,		Mailing Address P.O. BOX 5252 LAKELAND, FL 33807				
·	O NOT WOITE	IN THIS SDA	CE	01122006 N		CR2E003 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 59-30294	127	Applied Far
}				5. Certificate of	·-·	\$8.75 Additional Fee Required
ļ	6. Name and Address of Current I	Registered Agent		<u> </u>		1 BB Madamad
MCFARLANE, PETER A. 500 S. FLORIDA AVE., SUITE 715 LAKELAND, FL 33801				DO NOT WRITE		
			IN THIS SPACE			
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both,	in the State of Flo.	rida.) am famillar with, and accept
SIGNATURE	Signature, typed or printed name of negistered event a	of title if profits this				DATE
	FILE NOW	III FEE IS \$500.00				Units.
After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendmen				ERED AND AC	TIVE WITH THI	IS OFFICE.
12.	GENERAL PARTNER		<u> </u>			
DOCUMENT #	P29845 A&M BUSINESS PROPRETIES					
STREET ADDRESS	500 S. FLORIDA AVE., SUITE 70	1				
CITY-ST-ZIP	LAKELAND, FL 33801	· - ·				
DOCUMENT #						
NAME	}	1				
STREET ADDRESS CHY-SI-ZIP	{	1			Trocodo	7554631 -80001-019 508,75
EIGCUMENT /	<u> </u>				<i>05/16/0</i> 5*	-80001-019 909'(2
NAME		1				
STREET ADDRESS		ł		DO N	OT WE	RITE
C)TY-51-ZIP				INI TL	IIS SPA	ICE
DOCUMENT # NAME				15.4 5.5	ng off	40E
STREET ADDRESS		1				
CITY-ST-ZIP						
DOCUMENT #		j				
NAME, STREET ADDRESS OTTY-ST-ZIP						
DOCUMENT						

14. I hereby certify that the information supplied with this filling does not quality 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 tagal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee ampowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Son & Lelly
SIGNATURE AND TYPED OF PRINTED HAME SIF SIGNING GENERAL PARTNER

TIM 3 Kelley

STAPLE CHECK HERE

STREET ADDRESS CITY-ST-ZIF