## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED SECRETARY OF STATE Due By May 1, 2008 TALLAHASSEE, FLORIDA DOCUMENT # A33017 1. Entity Name 08 APR 25 AM 10: 45 FOUR LAKES GOLF CLUB, LTD. Principal Place of Business Mailing Address 500 S. FLORIDA AVE., SUITE 700 P.O. BOX 5252 LAKELAND, FL 33801 LAKELAND, FL 33807 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182008 CR2E003 (12/06) Chg-LP City & State City & State 4 FFI Number Applied For Not Applicable 59-3124835 Zip Country Ζiρ \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCFARLANE, PETER A. Street Address (P.O. Box Number is Not Acceptable) 500 S. FLORIDA AVE., SUITE 715 LAKELAND, FL 33801 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 ADDRESS CHANGES ONLY 13. DOCUMENT # 616872 STREET ADDRESS CENTURY REALTY FUNDS, INC. NAME STREET ADDRESS 500 S. FLORIDA AVE., SUITE 700 CITY-ST-7IP CITY-ST-ZIP LAKELAND, FL 33801 DOCUMENT # STREET ADDRESS NAME 100125731911 04/25/08--01005--013 \*\*\$08,75 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME . STREET ADDRESS CITY-ST-ZIP CITY-ST-JIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Kim S Kelley

4/17/08

863.647.1581