


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A92000000200</b> 1. Entity Name MAXDEN/OAK HAMMOCK, LTD.	
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Principal Place of Business 500 S. FLORIDA AVE., SUITE 700 LAKE LAND, FL 33813	Mailing Address P.O. BOX 5252 LAKE LAND, FL 33807-5252
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<b>DO NOT WRITE IN THIS SPACE</b>
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01122006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3155689	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MCFARLANE, PETER A ESQ 500 S. FLORIDA AVE., SUITE 715 LAKE LAND, FL 33813
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	
DOCUMENT #	616872
NAME	CENTURY REALTY FUNDS, INC.
STREET ADDRESS	500 S. FLORIDA AVE., SUITE 700
CITY-ST-ZIP	LAKE LAND, FL 33813
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	

<p>U00000554214 05/15/06-80084-005 508.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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STAPLE CHECK 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: Kenn J. Kelley 4/27/06 863-647-1581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
Kenn J. Kelley