2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

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FILED DOCUMENT # A93000000913 2007 APR 11 AM 9:58 CENTURION INVESTORS LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2611B WEST 23RD STREET 2611B WEST 23RD STREET PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1701 TENNESSEE AVE 1701 TENNESSEE AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-LP CR2E003 (12/06) 301TE 100 <u> SUITE 100</u> 4. FEI Number Applied For City & State City & State FL YNN HAVEN YNN HAVEN 59-3128030 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLAYDEN, KRISTINE E Street Address (P.O. Box Number is Not Acceptable) 1188 RONDS POINTE DR. EAST TALLAHASSEE, FL 33312 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS NAME SLAYDEN, KRISTINE STREET ADDRESS 1188 RONDS POINTE DR. EAST CITY-ST-ZIP CITY-ST-789 TALLAHASSEE, FL 32312 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS Caty-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 1 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 <u>556.233</u> SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER