2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Apr 24, 2008 08:00 AM
Secretary of State

RECEIVED JAN 2 8 2008

DOCUMENT # A93000000913

1. Entity Name
CENTURION INVESTORS LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1701 TENNESSEE AVENUE SUITE 100 LYNN HAVEN FL 32444	1701 TENNESSEE AVENUE SUITE 100 LYNN HAVEN FL 32444

1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3128030 — 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
SLAYDEN, KRISTINE E 1188 RONDS POINTE DR. EAST TALLAHASSEE FL 33312	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ____________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500 *** After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.

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 #		STREET ADDRESS	
NAME	SLAYDEN, KRISTINE		
STREET ADDRESS	1188 RONDS POINTE DR. EAST	CITY-ST-ZIP	
CITY-ST-ZIP	TALLAHASSEE FL 32312		
DOCUMENT #		STREET ADDRESS	U00000920796
NAME			05/14/08-80058-016 500.00
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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: Kristine E Slayden Kristine E Slayden 4/8/08 850-556-2335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #