2000	UNIFORM BUS	INESS REPO	RT (UBR)				C K A
DOCUMENT # A9700000612					APPROVED AUD			
CENTURY/ON TIME, LTD.						FILED		
Principal Place of Business Mailing Address						20 PH 12: 33	r/3/29	
8500 S.W. 8 STREET. SUITE 228 MIAMI FL 33144		8500 S.W. 8 STREET. SUITE 228 MIAMI FL 33144-4002		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address					35 (18) (38)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	65-0749135		ied For Applicable	
Zip	Country Zip		Country	y	5. Certificate of Status Desired \$8.75 Additional Fee Required			onal
6. Name and Address of Current Registered Agent			_	7. Name and Address of New Registered Agent Name				
- MACHADO, JOSE LUIS ESQ				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33144								
				City	 		FL Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing its	registered	I office or regis	tered agent, or both	, in the State of Florida		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOT	F: Registered A	Agent signature regu	ired when reinstating)		DATE	
9. Capital Co as Shown	ntributions \$1,182,583,60	10. Amount of Capit	al Contribu		176.些		YABLE TO DEPT. OF S IDE FOR FEE INFORM	
	A GENERAL PARTNER NOTE: General Partners MA	THAT IS A BUSINESS EN	ITITY MUS	ST BE REGI	STERED AND AC	TIVE WITH THIS O to change a gener	FFICE. al partner.	
12.	GENERAL PARTNE	_	13.			ADDRESS CHANG		
DOCUMENT# NAME	CENTURY SHOPPING CENTERS, INC. 901 S.W. 69TH AVENUE MIAMI FL 33144		STREET	ADDRESS				
CITY-ST-ZIP			CITY-ST	T-ZIP				CR2E00
DOCUMENT # ·	S96765 ON TIME CONSTRUCTION, INC. 13727 S.W. 152ND STREET, #102 MIAMI-FL=33177		STREET	ADDRESS	1.0	00000315 -04/04/0	<u> 15651 -</u>	·
STREET ADDRESS CITY-ST-ZIP-			CITY-SI	T-ZIP		-11471147111 - *** ***88.]==01061==0.]]5 *****88	1.75
DOCUMENT# ;		•	STREET	ADDRESS			-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
STREET ADDRESS CITY-ST-ZEP			- Crty - si	T-ZIP		000131 : -0470470	[]==[]][[][][]	12
DOCUMENT# NAME			Street	ADDRESS		****jjj.	DO ****385), UU
STREET ADDRESS CITY-ST-ZIP			CITY-SI	T - ZIP	1.5	<u> </u>	<u> </u>	
DOCUMENT # NAME	· · · ·		STREET	ADDRESS	4 The	-04/04/0	(1010870: 50 *****52	13
STREET ALCORESS CITY-ST-ZIP			CITY-SI	T-ZIP		-11-11-11-11-11-11-11-11-11-11-11-11-11		
DOCUMENT *			STREET	ADDRESS				
STREET ADDRESS CITY - ST - ZIP *			CITY-ST	T-ZIP				

14. I hereby certify that the information supplied with the filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accordate 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 is required by Chapter 620, Florida Statutes