FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT # A97000002201

FILED 98 OCT 12 75 10: 12 SECAL PRAY CLUSTAL TALLABASSEE, FLORIDA

CENTURY/CRESTVIEW, LTD.	S	
•	ansin	T 1891911 1919 19111 18911 89111 99111 99111 89111 99114 91110 11919 11919 11919 11919 11919

	<u> </u>						
Malling Address		Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
7661 SW 146 STRE	ET	901 S.W. 69TH AVENUE			10/13/1997	60 E00 000 00	
MIAMI FL 33158		MIAMI FL 33144			3a. Date of Last Report	\$2,500,000.00	
					02/25/1998	5b. Amount of Capital	
					4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Addre	88	2a. Principal Office Address			FL	\$2,500,000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6, FEI Number	<u> </u>	
					65-0795689	Applied For Not Applicable	
City & State		City & State		-		Not Applicable	
Zip	Country	Zip	Country		7. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
-	Country	F-12	8. Make check payable to: Dept. of State (See reverse side for fee information)				
	9. Name and Address of Current Re	gistered Agent	1		10. If changed, new Registered	Agent/Office	
			Name				
MIAMI CORPORATE SYSTEMS, INC.		Street Address (P.O. Box Number is Not Acceptable)					
1	5200 BLUE LAGOON DRIVE			<u> </u>			
Suite 700		Suite, Apt. #	Suite, Apt. #, etc.				
MIAMI FL 331	MIAMI FL 33126		City	City FL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Fiorida Statutes, the above-named limited partnership organized or registered under the laws of the State of Fiorida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Fiorida Statutes.							
SIGNATURE (Registe	red Agent Accepting Appointment)				DATE _		
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
11. Name(s) (f General Partner(s)	11a. Address of Each General	Partner	11b.	City, State & Zip Code	11c. Registration/ Document Number	
CENTURY M	Anagement Group, in	901 S.W. 69TH AVENUE		MIAI	AI FL 33144	P 97 000011266	
CRESTVIEW	COMMUNITIES CORPOR	7661 S.W. 146 STREET		MIAMI FL 33158		P97000082448	
 !					4000026 -10/16/9 ****520	660841 9801110012 6.25 ****\$26.25	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Pariner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

Lest view Communities Corporation III

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or (305) 740-3242