

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002201**

1. Entity Name
CENTURY/CRESTVIEW, LTD.

Principal Place of Business
**7270 N.W. 12TH STREET, SUITE 410
MIAMI FL 33126**

Mailing Address
**7270 N.W. 12TH STREET, SUITE 410
MIAMI FL 33126**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number **65-0795689**

Applied For
Not Applicable

Zip Country

Zip Country

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

**KEYLA ALBA-REILLY
7270 N.W. 12TH STREET
#410
MIAMI FL 33172**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.)

DATE

9. Capital Contributions as Shown on record. **\$2,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,500,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # **P97000011268**
NAME **CENTURY MANAGEMENT GROUP, INC.**
STREET ADDRESS **7270 N.W. 12TH STREET, SUITE 410**
CITY-ST-ZIP **MIAMI FL 33126**

STREET ADDRESS
CITY-ST-ZIP
000004618210--1
-10/01/01--01063--011
*******8.75 *****8.75**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED** **9/26/01** **(305) 599-8100**

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CR2E003 (5/01)

STAPLE CHECK HERE