2001 UNIFORM BUSINESS REPORT (U

DOCU 1. Entity Nan CENTUR			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FILED							•				
Principal Place of Business Mailing Address 901 S.W. 69TH AVENUE 13200 S.W. 128TH STREET. MIAMI FL 33144 MIAMI FL 33186					SUITE #F-1			O1 APR 30 PM 12: 43 SECRETARY OF STATE TALLAHASSEE FLORIDA							
2. Principal F /334 Suite, Apt.	88	88 Ave			DO NOT WRITE IN THIS SPACE										
City & State Mami, FL. City & State Miami, FL.					7-			4. FEI Number 65-0903691						ole	
zip 33/7	6.	Country USA.	Zip 39176	Cour	S'A				Status Des		<u>Г</u>	ee Rec	Additional puired		
	6. Name	and Address of Current I	Registered Agent		Name		. Nan	ne and Ad	dress of N	lew Regi	istered Aç	gent		\dashv	
MIAMI CO	RPORATE S		Street Ad	dress (P.O	. Box	Number is	Not Acces	itable)				\dashv			
	E LAGOON											-			
MIAMI FL :		City							Zip (-				
		<u> </u>									_				
s. The above	named entity	submits this statement for	the purpose of changing its	egister	ea onice or r	egistered	agent	, or boun, ii	i the State	oi Fiorigi	a.				
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT!	Registere	ed Agent signature	e required whe	en reinsta	iting)			DATE		_ 	-	
9. Capital Co as Shown		\$300,000.00	10. Amount of Capitalin FLORIDA to di		butions								T. OF STATE		
A GENERAL PARTNER THAT IS A BUSINESS EN FITY 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.		13.							GES ONLY			⇉,			
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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															
SIGNAT	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENEF AL PARTINER Date Dayling Phone #														