

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A98000001948 1. Entity Name CENTURY HOLDINGS OF COLLIER COUNTY, LTD.					
Principal Place of Business 1061 COLLIER CENTER WAY, SUITE 5 NAPLES, FL 34110			Mailing Address 1061 COLLIER CENTER WAY, SUITE 5 NAPLES, FL 34110		
2. Principal Place of Business Suite, Apt. #, etc. No suite no.		3. Mailing Address Suite, Apt. #, etc. No suite no.			
City & State Zip		City & State Zip		4. FEI Number 59-3513588	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LESTER, DON E 1061 COLLIER CENTER WAY, SUITE 5 NAPLES, FL 34110				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) (No suite no.) 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 Don E. Lester				DATE 4-28-04	
9. Capital Contributions as Shown on record. \$7,500.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P00000056034		STREET ADDRESS	1061 Collier Center Way (No suite no.)	
NAME	WATERFORD MANAGEMENT INC		CITY-ST-ZIP		
STREET ADDRESS	1061 COLLIER CENTER WAY, SUITE 5				
CITY-ST-ZIP	NAPLES, FL 34110				
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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:			Don E. Lester Pres., Waterford Management, Inc. 4-28-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

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