2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP 28 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

000687 AT

DOCUMENT # A98000002154

1. Entity Name

CENTURY/CRESTVIEW LAKES, LTD.

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number 65-0872172 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JULIO J
4868 SW 72ND AVENUE
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name Keyla Alba- Reilly

Street Address (P.O. Box Number is Not Acceptable) 7270 NW 12 Street Suite 410

City Miami FL Zip Code 33126

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 [signature] 9/25/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $2,621,400.00

10. Amount of Capital Contributions in FLORIDA to date. 2,621,400.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000011266 CENTURY MANAGEMENT GROUP, INC. 7270 NW 12TH ST. MIAMI FL 33144	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

700004618027--2
-10/01/01--01051--014
****935.00 ****935.00

CR2E003 (5/01)

STAPLE CHECK HERE

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 [signature] 9/26/01 (305) 599-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #