## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1000



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

FILED

1999	DIVISION OF	CORPORATIONS	99 MAR I	5 PM I 10
1. Name of Limited Partnership	1a. DOCUMENT # A9800002313		99 MAR 15 PM も: 19 SEGAETARY OF STATE THINKIN MAN AN NOTION TO NOTION HAILING	
CENTURY VENETIA LAKES, I	_TD.			<b>                                    </b>
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
901 S.W. 69TH AVENUE Miami Fl 33144	901 S.W. 69TH AVENUE MIAMI FL 33144		10/06/1998 3a. Dale of Last Report	\$2,000,000.00
	90.00		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address	2a. Principal Office Address	Za. Principal Office Address		
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc.  City & State		Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zıp	Country	8. Make check payable to Dept. of	State (See reverse side for fee information)
for the purpose of changing its registered office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment)		Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Paramed limited partnership organized or registered under the laws of the State of Florida, submits this statement of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered.  DATE  DATE  DATE		
MUS	T BE REGISTERED AN	ND ACTIVE W	ITH THIS OFFICE.	Penietration/
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	ox Numbers) 11b.	City, State & Zip Code	11c. Document Number
CENTURY MANAGEMENT GROUP, IN	901 S.W. 69TH AVENU		MIAMI FL 33144  St. 19 - 99 3-19	P97000011266
Note: General partners MAY NOT		m; an amendm	ent must be filed to cha	

Too nereby certify that the information applied with only jumping is outling any distinction and the properties of the information and the properties of the information and the information are provided to the information and the information are provided to the information and the information and the information indicated on this annual report is true and accurate and that my signature shall have the same logal effects as if made upper oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

**SIGNATURE**