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Telophone Number (305) 592-5929

2/p 3312/ U.S.A. 3312/ U.S.A. 7. State or Country of Formation F/OR  BB. Capital Contributions as Shown on Record:  BS.S. (700   FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$5 \$437.50, for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due this office.  2.) Supplemental Fee(s): \$500 penalty fee for each year rapped form in delinquient. If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidevit must be submitted slong appropriate filing fee.  9. Name and Address of Current Registered Agent 10. If changed, new registered agent/office  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. f. etc.  NAME  TO. If changed or registered under the laws of the State of Floride, is for the purpose of changing its registered digent or both, in the State of Floride Stute's Agent appropriate of purpose of changing its registered digent or both, in the State of Floride Stute's Agent appropriate of purpose of changing its registered of section 500 192. Florida Statutes.	?: 15
DOCUMENT # 498000002994  1. Name of Limited Partnership  Century / BDV, LTD.  2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Principal Office Address 1216 N.W. 72 Avenue 3. Principal Office Address 1216 N.W. 72 Avenue 5. FEI Number 65 - 0876250  6. CERTIFICATE OF STATUS DESIRED  7. State or Country of Formation 8. Name and Address of Current Registered Agent 7. State or Country of Formation 8. Name and Address of Current Registered Agent 7. State or Country of Formation 8. Name and Address of Current Registered Agent 7. State or Country of Formation 8. Name and Address of Current Registered Agent 8. Note: If the amount entered in Bb., a supplemental afficient must be aubmitted along appropriate filing fee. 8. Name 9. Name and Address of Current Registered Agent 10. If Changed, new registered agent/office Name 10. If Changed or registered agent/office Name 10. If Changed or registered agent/office Name 10. If Changed or registered under the laws of the State of Foolds Statutes, the above named writed partnership organized or registered under the laws of the State of Foolds Statutes 10. In partnership and partnership and foolenity in the obligations of Sections 820 125 finish Statutes of Foolds Statutes Such change was authorized by its general partners(s). I hereby accept the appoint and partnership and foolenity with and scored line additional and scored partnership or registered under the laws of the State of Foolds Statutes.	- 98 Applied For
Suite, Apt. #, etc.  Suite, Ap	Applied For
City & State  Mich Mi, Florida  Country  33124 U.S.A.  33124 U.S.A.  Tourida  Country  33125 U.S.A.  Country  33125 U.S.A.  Tourida  FEES:1.) Fining Fee(a): Computed at a rate of \$7 per \$1,000 on amount entered in 80, with a minimum fling fee of \$5 states.  Supplemental Fee(a): \$80.75 for each year class this office.  Supplemental Fee(a): \$80.75 for each year class this office.  Supplemental Fee(a): \$80.75 for each year class this office.  Supplemental Fee(a): \$80.75 for each year class this office.  Supplemental Fee(a): \$80.75 for each year class this office is greated from in 8a, a supplemental affidevit must be submitted along appropriate filling fee.  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  FL.  10a. Pursuant to the provisions of sections 820 1051 and 620.192, Florida Statutes, the above-named limited perturership organized or registered under the laws of the State of Florida.  Suite, Apt. 8, etc.  NA  City  FL.  10a. Pursuant to the provisions of sections 620 1051 and 620.192, Florida Statutes, the above-named limited perturership organized or registered under the laws of the State of Florida such change was authorized by its general partner(s). I hereby accept the appropriate and partnership organized by its general partner(s). I hereby accept the appropriate and partnership organized by its general partner(s). I hereby accept the appropriate and partnership organized by its general partner(s). I hereby accept the appropriate and partnership organized by its general partner(s). I hereby accept the appropriate and partnership organized by its general partner(s). I hereby accept the appropriate and partnership organized by its general partner(s). I hereby accept the spin appropriate and partnership organized by its general partner(s). I hereby accept the appropriate and partnership organized by its general partner(s). I hereby accept the spin appropriate and partnership organized by its general partnership.	
State of Country   Zip   Country   Zip   Country   Centificate of Status Desired   State of Country   Centificate of Status Desired   State of Country   State of Country of Formation   F/o R	Not Applicat
Zip Country Centificate of Status Desired U.S.A.  33/26 U.S.A.  7. State or Country of Formation F/OR  88. Capital Contributions as Shown on Record  85.5 000  8b. Amount of Capital Contributions in FLORIDA to date:  8c. Supplemental Fee(s): 580 penelty fee for each year due this office.  2.) Supplemental Fee(s): 580 penelty fee for each year due this office.  9. Name and Address of Current Registered Agent  10. If changed, new registered agent/office  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the apparent of the purpose of changing its registered direct or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the apparent of the purpose of changing its registered direct or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the apparent of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the apparent of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the apparent of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the apparent of the purpose of changing with and accept it the obligations of section 620 192. Florida Statutes.	
88. Capital Contributions as Shown on Record  85. COO  8b. Amount of Capital Contributions in FLORIDA to date:  8c. Coo  9. Name and Address of Current Registered Agent  Niami Corporate Systems, The.  \$200 Blue Lagoon Drive, Suite 100  Suite, Apt. #, etc.  City  Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the approach? and manifester with a pertner(s). I hereby accept the approach of both change was authorized by its general partner(s). I hereby accept the approach of Porida Statutes.	dditional Fee requir Certificale of Status
8b. Amount of Capital Contributions in FLORIDA to date:    BSS   500   Note:   Hither amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along appropriate filling fee.    Note:   Hither amount entered in 8b, a supplemental affidavit must be submitted along appropriate filling fee.    Name and Address of Current Registered Agent   10, It changed, new registered agent/office     Name   Street Address (P.O. Box Number is Not Acceptable)     Suite, Apt. #, etc.   N/A     City   FL   20   City   City	
9. Name and Address of Current Registered Agent  10. If changed, new registered agent/office  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. 8, etc.  City  FL  20  108. Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida, so for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appoance of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appoance of change was authorized by its general partner(s). I hereby accept the appoance of change was authorized by its general partner(s). I hereby accept the appoance of change was authorized by its general partner(s). I hereby accept the appoance of change was authorized by its general partner(s).	with a separate and
Name Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  Oty  FL  20  10a. Pursuant to the provisions of sections 620, 1051 and 620, 192. Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the apposent? am familiar with and acceptation of Sections	
Wienki, Florida 33126  Suite, Apt. #, etc.  Cay  FL  Zi  10a. Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida. So the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appropriate more in an appropriate partner (s). I hereby accept the appropriate partner (s) and so appropriate partner (s) are appropriate partner (s) and so appropriate partner (s) are appropriate partner (s) ar	<del></del>
Suite, Apt. #, etc.  City  FL  Zi  10a. Pursuant to the provisions of sections 620,1051 and 620,192. Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appropriate manifest with and accept the obligations of section 620,192. Florida Statutes.	
Pursuant to the provisions of sections 620,1051 and 620,192. Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the approach of an familiar with, and accept the obligations of section 620,192. Florida Statutes.	
Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida, to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appropriate manufacture with, and accept the obligations of section 620, 192. Florida Statutes.	Code
SIGNATURE (Registered Agent Accepting Appointment)	intment of registered
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11 Names of General Partner(s) Address of Each General Partner City, State and Zip Code 11s.	Registration
(Uo NOT Use Post Office Box Numbers)	current Number
Century Manageres Group 901 5.W. 69 Avenue Hickmi. FL 33144 P97000	0112 99
BDV Construction, Inc. 1214 N.W. 72 Ave. Micani, FL 33124 89200	0000364
ADD0292540 -07/87/938186 ***1035L00 ***	9005
TAC T37. DU PROPRE SE SE SE SE LA CONTRACTOR DE LA CONTRA	1000.00
ARSUUP - 88.75 REINSTATEMENT 1999	
CUS - 8.75 (CUS)	
\$ 1,035.00	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general	
\$ 1,035.00	e Division of ormation indicated o

SIGNATURE

Typod or Printed Name of General Partner Signing Form