

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002404**

1. Entity Name
CENTURY/BDV, LTD.

FILED

00 MAY 30 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1216 N.W. 72ND AVENUE
MIAMI FL 33126

Mailing Address
1216 N.W. 72ND AVENUE
MIAMI FL 33126-1919

2. Principal Place of Business
1206 NW 72 Ave
Suite, Apt. #, etc.

3. Mailing Address
1206 NW 72 Ave
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33126

City & State
Miami, FL
Zip
33126

4. FEI Number **05-0876250**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE, SUITE 700
MIAMI FL 33126

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$855,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000011266 CENTURY MANAGEMENT GROUP, INC. 901 S.W. 69TH AVENUE MIAMI FL 33144
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P92000000364 BDV CONSTRUCTION, INC. 1216 N.W. 72ND AVENUE MIAMI FL 33126
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	300003299579 - 8 -06/21/00--01093--003 ****526.25 ****526.25
STREET ADDRESS CITY - ST - ZIP	1206 NW 72 Ave Miami, FL 33126
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STREET ADDRESS 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 629, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/10/06** Daytime Phone #