


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # B00000000074 |  |
| 1. Entity Name CENTURY ASSOCIATES D.R. LIMITED | |

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| Principal Place of Business C/O RUDCO PROPERTIES, INC. 365 WEST PASSAIC STREET ROCHELLE PARK, NJ 07662 | Mailing Address C/O RUDCO PROPERTIES, INC. 365 WEST PASSAIC STREET ROCHELLE PARK, NJ 07662 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01052007 Chg-LP CR2E003 (12/06)

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| 4. FEI Number 22-2365755 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ |
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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.

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| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # F00000001466 | NAME DLR 1985, INC. | STREET ADDRESS | 04/25/07-80001-007 500.00 |
| STREET ADDRESS 365 WEST PASSAIC STREET | CITY-ST-ZIP ROCHELLE PARK, NJ 07662 | CITY-ST-ZIP | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | CITY-ST-ZIP | |
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| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

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|--|----------------------------|--|
| SIGNATURE: <u><i>David K. Papp</i></u> DLR 1985, Inc. Partner | Date <u><i>4/11/07</i></u> | Daytime Phone # <u><i>(201) 712-1300</i></u> |
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STAPLE CHECK HERE