

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # B02000000042

1. Entity Name
CENTER TOWERS, LTD.



Principal Place of Business Mailing Address
25101 CHAGRIN BLVD., #300 25101 CHAGRIN BLVD., #300
BEACHWOOD, OH 44122 BEACHWOOD, OH 44122



2. Principal Place of Business Suite, Apt #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02162005 Chg-LP CR2E003 (10/03)

4. FEI Number **34-1418066** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 S. ORANGE AVE.
SUNTRUST CENTER, SUITE 2300
ORLANDO, FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$7,250,000.00** 10. Amount of Capital Contributions in FLORIDA to date.

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 # **L02000002887**
 NAME **LG CITRUS PARK, LLC**
 STREET ADDRESS **25101 CHAGRIN BLVD., #300**
 CITY-ST-ZIP **BEACHWOOD, OH 44122**

DOCUMENT # **L02000002752**
 NAME **FC CITRUS VILLAGE, LLC**
 STREET ADDRESS **50 PUBLIC SQUARE, 1100 TERMINAL TOWER**
 CITY-ST-ZIP **CLEVELAND, FL 44113**

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

3/17/05
 Date Daytime Phone #

STAPLE CHECK HERE