

2001 UNIFORM BUSINESS REPORT (UBR)

0003434 AF

DOCUMENT # A00000000669

1. Entity Name

CENTERLINE HOMES AT POLO TRACE, LIMITED

Principal Place of Business

**12534 WILES ROAD
CORAL SPRINGS FL 33076**

Mailing Address

**12534 WILES ROAD
CORAL SPRINGS FL 33076**

FILED
01 MAR 15 PM 12:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0973925

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARRY A. ROTHENBERG, P.A.
900 NORTH FEDERAL HIGHWAY, SUITE 460
BOCA RATON FL 33432**

Name: **Kipnis Tescher Lippman + Valinsky, P.A.**
Street Address (P.O. Box Number is Not Acceptable): **100 Northeast Third Avenue**
Suite 610
City: **Fort Lauderdale** FL Zip Code: **33301**

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.

Kipnis Tescher Lippman + Valinsky, P.A.

SIGNATURE

[Signature]

Signature typed in printer's name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

9. Capital Contributions as Shown on record

\$1,500,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	P99000098819
NAME	CENTERLINE HOMES AT POLO TRACE, INC.
STREET ADDRESS	12534 WILES ROAD
CITY-ST-ZIP	CORAL SPRINGS FL 33076
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
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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 620, Florida Statutes

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/24/01 **954 844-8040**
Date Daytime Phone #

CR2E003 (11/00)