

2002 UNIFORM BUSINESS REPORT (UBR)

UBR 4100000

DOCUMENT # A00000000669

1. Entity Name

CENTERLINE HOMES AT POLO TRACE, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

4/29

02 APR 23 AM 11:28



Principal Place of Business

12534 WILES ROAD
CORAL SPRINGS FL 33076

Mailing Address

12534 WILES ROAD
CORAL SPRINGS FL 33076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

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

**KIPNIS TESCHER LIPPMAN & VALINSKY, P.A.
100 NORTHEAST THIRD AVENUE
SUITE 610
FORT LAUDERDALE FL 33301**

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

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

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	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
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STREET ADDRESS	000005414580--0
CITY-ST-ZIP	-05201202--01030--023
	***526.25 ***526.25
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
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 620, Florida Statutes

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

4/19/02 *954 344 8040*
Date Daytime Phone #

CR2E003 (9/01)