


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009736
AT

DOCUMENT # A00000000669

1. Entity Name
CENTERLINE HOMES AT POLO TRACE, LIMITED



FILED
2003 JUN 10 AM 4:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-0973925** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. **\$1,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # | P99000098819 |
| NAME | CENTERLINE HOMES AT POLO TRACE, INC. |
| STREET ADDRESS | 12534 WILES ROAD |
| CITY-ST-ZIP | CORAL SPRINGS FL 33076 |
| DOCUMENT # | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--------------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | 500017612175 |
| STREET ADDRESS | 04/30/03--01103--006 **141.25 |
| CITY-ST-ZIP | |
| STREET ADDRESS | 500017612175 |
| CITY-ST-ZIP | 06/10/03--01049--001 **385.00 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 REQUIRED **4/28/03** **954-344-8040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)