

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A03000000607

1. Entity Name
CENTERLINE PORT ST. LUCIE, LTD.



Principal Place of Business
**825 CORAL RIDGE DRIVE
 CORAL SPRINGS, FL 33071**

Mailing Address
**825 CORAL RIDGE DRIVE
 CORAL SPRINGS, FL 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-LP CR2E003 (11/05)

4. FEI Number
04-3753286

Applied For
 Not Applicable

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

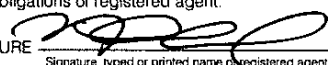
6. Name and Address of Current Registered Agent

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
Leopold, Korn & Leopold, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
20801 Biscayne Blvd.
 Suite 501
 City
Aventura FL Zip Code
33180

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

4/26/06
 DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2006, 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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L02000033502**
 NAME **CENERLINE HOMES AT PORT ST. LUCIE, LLC**
 STREET ADDRESS **12534 WILES ROAD**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

STREET ADDRESS **825 Coral Ridge Drive**
 CITY-ST-ZIP **Coral Springs, FL 33071**

DOCUMENT #
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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**200074623342
 05/15/06--01046--028 **500.00**

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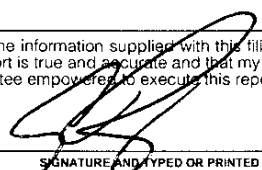
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STREET ADDRESS
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/06
 Date

981-344-8040
 Daytime Phone #

STAPLE CHECK HERE

2006-1 AM 9:43
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

