2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A03000000607

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

06 MAY -1 AM 9:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

04052006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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: 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 _____ 4/26/06
Signature, typed or printed name of registered agent and title if applicable. 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	STREET ADDRESS	825 Coral Ridge Drive
NAME	CENERLINE HOMES AT PORT ST. LUCIE, LLC	CITY-ST-ZIP	Coral Springs, FL 33071
STREET ADDRESS	12534 WILES ROAD		
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ 4/24/06 954-344-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #