

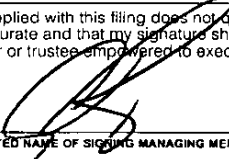


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90031 029 ****50.00

DOCUMENT # L03000007275					
1. Entity Name CENTERLINE PORT ST. LUCIE, LLC					
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		04052006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 04-3753284	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 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 				DATE 4/26/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PERRY, CRAIG 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARGOLIS, STEPHEN 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STIEGELE, ROBERT 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CENTERLINE HOMES, INC. 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date 4/24/06 951-344-8010 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

LEOPOLD
KORN &
LEOPOLD, P.A.

ATTACHMENT

Reply to Main Office:

20801 Biscayne Boulevard
Suite 501
Aventura, FL 33180

Additional Offices:

1900 N.W. Corporate Blvd., 400E
Boca Raton, FL 33431

10723 S.W. 104th Street
Miami, FL 33176

1680 S.W. Bayshore Blvd., Suite 110
Port St. Lucie, FL 34984-3599

Email: ckeefe@leopoldkorn.com

Norman Leopold
Gary A. Korn
Karen S. Leopold
Hilary S. Feinstock
Helen M. Mittelman*
Jennifer Shaw Snyder
*Also admitted in New York

Ileana Noa, LTA, Office Manager
Of counsel: Terri Grumer Sonn
Liliana Cano Agron

Telephone: 305-935-3500, Ext. 220
Broward/Boca-Delray: 954-949-0188
Palm Beaches: 561-909-0337
Telefax: 305-935-9042

ATTORNEYS AT LAW

April 26, 2006

VIA FEDERAL EXPRESS

DIVISION OF CORPORATIONS
2670 Executive Center Circle, Suite 100
Tallahassee, FL 32301

20037357
#103000007275

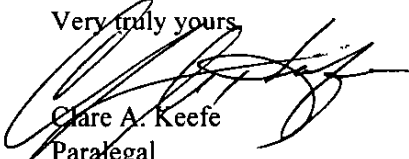
Dear Sir or Madam:

Please find enclosed the 2006 Annual Reports for each of the following entities, together with a check for each for their respective fees:

1. Centerline Port St. Lucie, Ltd.
2. Centerline Port St. Lucie, LLC
3. Centerline Homes at Port St. Lucie, LLC
4. Centerline Homes Completed Communities, LLC
5. Centerline Homes at Cantamar, LLC
6. Centerline Homes at B and A, LLC
7. Centerline Homes Construction of Central FL, LLC
8. Centerline Homes at Miramar, LLC
9. Centerline Office Park at Coconut Creek, LLC
10. Centerline Homes Investments, Inc.
11. Centerline Homes Construction, Inc.
12. Centerline Homes at the Equestrian Club, Inc.
13. Centerline Commercial, Inc.
14. Centerpointe Financial, Inc.
15. Centerline Homes Custom Series, Inc.
16. Centerline Homes at Black Diamond, Inc.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,


Clare A. Keefe
Paralegal
CAK/hs

Enclosures

cc: Jeffrey Kronengold, Esq. (via email)