

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90121 038 ****50.00

DOCUMENT # L03000007275

1. Entity Name
CENTERLINE PORT ST. LUCIE, LLC



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

60031765



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03132007 Chg-LLC CR2E083 (12/06)

City & State City & State

4. FEI Number Applied For
04-3753284 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE PS Delete
NAME PERRY, CRAIG
STREET ADDRESS 825 CORAL RIDGE DRIVE
CITY - ST - ZIP CORAL SPRINGS, FL 33071

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE V Delete
NAME MARGOLIS, STEPHEN
STREET ADDRESS 825 CORAL RIDGE DRIVE
CITY - ST - ZIP CORAL SPRINGS, FL 33071

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE T Delete
NAME STIEGELE, ROBERT
STREET ADDRESS 825 CORAL RIDGE DRIVE
CITY - ST - ZIP CORAL SPRINGS, FL 33071

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE MGR Delete
NAME CENTERLINE HOMES, INC.
STREET ADDRESS 825 CORAL RIDGE DRIVE
CITY - ST - ZIP CORAL SPRINGS, FL 33071

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP


TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:  **3/19/07** **954-344-8040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #