## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000035787

1. Entity Name

CENTERLINE OFFICE AT DAVIE, LLC



Principal Place of Business

825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071

US

Mailing Address

825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071

US

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

04-03-2007 90121 039 \*\*\*\*50.00

2017600



01222007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number 20-1106750

Applied For Not Applicable

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 BLVD. SUITE 501 AVENTURA, FL 33180

SIGNATURE:

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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 tritle if applicable. (NOTE: Registered)		(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CENTERLINE HOMES, INC. 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071		
TITLE NAME STREET ADDRESS CITY-S1-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·

11. I hereby certify that the information supplied with this thing 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 entrusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE