

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000669

1. Entity Name

CENTERLINE HOMES AT POLO TRACE, LIMITED

Principal Place of Business

12534 WILES ROAD  
CORAL SPRINGS FL 33076

Mailing Address

12534 WILES ROAD  
CORAL SPRINGS FL 33076

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

65-0973925

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

LARRY A. ROTHENBERG, P.A.  
900 NORTH FEDERAL HIGHWAY, SUITE 460  
BOCA RATON FL 33432

Name  
~~Kipnis Tescher Lippman Valinsky, P.A.~~  
Street Address (P.O. Box Number is Not Acceptable)  
100 Northeast Third Avenue  
Suite 610  
City Fort Lauderdale FL Zip Code 33301

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.

SIGNATURE

*Kipnis Tescher Lippman Valinsky, P.A.*  
Signature of Registered Agent (if not the same as the entity, print name and title if applicable)

DATE

9. Capital Contributions  
as Shown on record.

\$1,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P99000098819  
NAME CENTERLINE HOMES AT POLO TRACE, INC.  
STREET ADDRESS 12534 WILES ROAD  
CITY-ST-ZIP CORAL SPRINGS FL 33076

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

X  
SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2/24/01* *984 844-8040*  
Date Daytime Phone

0003434 AF

CR2E003 (11/00)

FILED  
01 MAR 15 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA