

2001 UNIFORM BUSINESS REPORT (UBR)

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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

FILED
01 MAR 15 PM 12:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0973925

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

Kipnis Tescher Lippman Valinsky, P.A.

SIGNATURE

[Signature]
Signature typed or printed name of registered agent and title if applicable: *Raymond Tescher, President*

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
DOCUMENT #	
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CR2E003 (11/00)

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: *Ray Perry*

Date: *2/24/01* Daytime Phone #: *954 844-8040*