## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

CHECK

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## DOCUMENT # A03000000607 04 MAY 28 PM 1:05 CENTERLINE PORT ST. LUCIE, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 12534 WILES ROAD 12534 WILES ROAD CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 Mailing Address Ridge Drive 2. Principal Place of Business 825 Coral Ridge Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04012004 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 04-3753286 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired 33071 33071 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIPNIS TESCHER LIPPMAN & VALINSKY, P.A. Street Address (P.O. Box Number is Not Acceptable) 100 NORTHEAST THIRD AVENUE, SUITE 610 FORT LAUDERDALE, FL 33301 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10., Amount of Capital Contributions \$2,500,000.00 as Shown on record. in FLORIDA to date. 2,296,456 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. GENERAL PARTNER INFORMATION L02000033502 DOCUMENT # STREET ADDRESS CENERLINE HOMES AT PORT ST. LUCIE, LLC NAME 825 Coral Ridge Drive STREET ADDRESS 12534 WILES ROAD Coral Springs, FL 33071 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33076 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 700<del>03</del> STREET ADDRESS 06/10/04--01013 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 a execute this report as required by Chapter 620, Florida Statutes APR 2 1 2004

FILED

Daytime Phone #