

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -7 AM 9:42

DOCUMENT # A03000000607

1. Entity Name
CENTERLINE PORT ST. LUCIE, LTD.



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

825 CORAL RIDGE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

825 CORAL RIDGE DRIVE
Suite, Apt. #, etc.

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS

Zip

33071

Country

Zip

33071

Country

03292005

Chg-LP

CR2E003 (10/03)

4. FEI Number

04-3753286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIPNIS TESCHER LIPPMAN & VALINSKY, P.A.
100 NORTHEAST THIRD AVENUE, SUITE 610
FORT LAUDERDALE, FL 33301

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$2,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # L02000033502
NAME CENERLINE HOMES AT PORT ST. LUCIE, LLC
STREET ADDRESS 12534 WILES ROAD
CITY-ST-ZIP CORAL SPRINGS, FL 33076

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700057644137
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APR 25 2005

STAPLE CHECK HERE