

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # A03000000607

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



Principal Place of Business  
825 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33071

Mailing Address  
825 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33071

FILED

2007 APR -5 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01222007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3753286	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEOPOLD, KORN, AND LEOPOLD, P.A.  
20801 BISCAYNE BLVD  
SUITE 501  
AVENTURA, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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	825 CORAL RIDGE DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071

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400096498034  
04/11/07--01035--004 \*\*500.00

**DO NOT WRITE  
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14. I hereby certify that the information supplied with this filing 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 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 #

3/19/07 954-344-8040

STAPLE CHECK HERE