

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013382 A:

**DOCUMENT # A97000002784**

1. Entity Name  
**CENTERLINE HOMES AT THE ISLES, LIMITED**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**00 MAY -1 PM 1:33**

Principal Place of Business <b>12534 WILES ROAD CORAL SPRINGS FL 33076</b>	Mailing Address <b>12534 WILES ROAD CORAL SPRINGS FL 33076-2202</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1700 North University Dr. Suite 302 Coral Springs FL 33071</b>	3. Mailing Address <b>1700 North University Dr. Suite 302 Coral Springs, FL 33071</b>
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4. FEI Number <b>65-0815358</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>1,362,364</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P97000104017 CENTERLINE HOMES AT THE ISLES, INC. 12534 WILES ROAD CORAL SPRINGS FL 33076</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<b>1700 University Dr. Suite 302 Coral Springs, FL 33071</b>
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	<b>400003283144--4 -06/09/00--01085--021 ****526.25 ****526.25</b>
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	

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]* **SIGNATURE REQUIRED** *Lewis P. Boydak* **4-28-00** **954-341-1499**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *GP/President* Date Daytime Phone #