

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

UBR0031  
A1

DOCUMENT # **A97000002784**

1. Entity Name

**CENTERLINE HOMES AT THE ISLES, LIMITED**

02 MAY 30 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 1700 N. UNIVERSITY DR., SUITE 302 CORAL SPRINGS FL 33071	Mailing Address 1700 N. UNIVERSITY DR., SUITE 302 CORAL SPRINGS FL 33071
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number <b>65-0815358</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

**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.

9. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. 	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</b> <b>CENTERLINE HOMES AT THE ISLES, INC.</b> <b>1700 N. UNIVERSITY DR., SUITE 302</b> <b>CORAL SPRINGS FL 33071</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>200005725722--0</b>
STREET ADDRESS	<b>-06/07/02--01044--008</b> <b>*****88.75 *****88.75</b>
CITY-ST-ZIP	<b>200005725722--0</b>
STREET ADDRESS	<b>-06/07/02--01044--009</b> <b>*****61.25 *****61.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: **LEWIS MOSCOVITCH** Date: **4/29/02** Daytime Phone #: **954-341-1499**

CR2E003 (9/01)