


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000002784 1. Entity Name CENTERLINE HOMES AT THE ISLES, LIMITED	
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FILED

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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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03312004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0815358	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		7. Name and Address of New Registered Agent	
LARRY A. ROTHENBERG, P.A. 900 NORTH FEDERAL HIGHWAY, SUITE 460 BOCA RATON, FL 33432		Name Street Address (P.O. Box Number is Not Acceptable) <i>815 Coral Ridge Drive</i> City <i>Coral Springs</i> FL Zip Code <i>33071</i>	

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

9. Capital Contributions as Shown on record. <i>0</i>	10. Amount of Capital Contributions in FLORIDA to date. <i>0</i>
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000104017	STREET ADDRESS	
NAME	CENTERLINE HOMES AT THE ISLES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1700 N. UNIVERSITY DR., SUITE 302		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
DOCUMENT #		STREET ADDRESS	100032988811
NAME		CITY-ST-ZIP	04/19/04--01015--003 **88.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100032988811
NAME		CITY-ST-ZIP	04/19/04--01015--004 **52.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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:  *4-2-04* *954-341-1499*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE