

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003430 AF

DOCUMENT # A98000000201

1. Entity Name

CENTERLINE HOMES AT ATLANTIS, LIMITED

01 MAY -1 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12534 WILES ROAD
CORAL SPRINGS FL 33076

Mailing Address

12534 WILES ROAD
CORAL SPRINGS FL 33076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0827597

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$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
Kipnis Tescher Lippman + Valinsky, P.A.

Street Address (P.O. Box Number is Not Acceptable)
100 Northeast Third Avenue
Suite 610

City Fort Lauderdale FL Zip Code 33301

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

Signature typed or printed name of registered agent and the date (NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$8000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # H56140
NAME LARRY A. ROTHENBERG, P.A.
STREET ADDRESS 12534 WILES ROAD
CITY-ST-ZIP CORAL SPRINGS FL 33076

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/25/01 984-348-8040

CR2E003 (11/00)