

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90013 023 ****50.00

DOCUMENT # L02000004133 1. Entity Name CENTERLINE OFFICE PARK AT COCONUT CREEK, LLC					
Principal Place of Business 12534 WILES ROAD CORAL SPRINGS, FL 33076			Mailing Address 12534 WILES ROAD CORAL SPRINGS, FL 33076		
2. Principal Place of Business 825 Coral Ridge Drive		3. Mailing Address 825 Coral Ridge Drive		04012004 Chg-LLC CR2E083 (10/03) 4. FEI Number 01-0635037 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Springs, FL		City & State CORAL SPRINGS, FL			
Zip 33071		Country		Zip 33071	
6. Name and Address of Current Registered Agent KIPNIS TESCHER LIPPMAN & VALINSKY, P.A. 100 NORTHEAST THIRD AVE. SUITE 610 FT. LAUDERDALE, FL 33301			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERRY, CRAIG 12534 WILES ROAD CORAL SPRINGS, FL 33076		TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Coral Ridge Drive Coral Springs, FL 33071	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARGOLIS, STEPHEN 12534 WILES ROAD CORAL SPRINGS, FL 33076		TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Coral Ridge Drive Coral Springs, FL 33071	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, RYAN 12534 WILES ROAD CORAL SPRINGS, FL 33076		TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Coral Ridge Drive Coral Springs, FL 33071	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____			APR 21 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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