

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2004 90013 038 ****50.00

DOCUMENT # L02000004798	
1. Entity Name CENTERLINE ACQUISITIONS, LLC	

Principal Place of Business 12534 WILES ROAD CORAL SPRINGS, FL 33076	Mailing Address 12534 WILES ROAD CORAL SPRINGS, FL 33076
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24051997

2. Principal Place of Business 825 Coral Ridge Dr Suite, Apt. #, etc.	3. Mailing Address 825 Coral Ridge Dr Suite, Apt. #, etc.
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City & State Coral Springs, FL Zip 33071 Country	City & State Coral Springs, FL Zip 33071 Country
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04012004 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0635018	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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
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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	P PERRY, CRAIG 12534 WILES ROAD CORAL SPRINGS, FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Coral Ridge Dr Coral Springs, FL 33071 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARGOLIS, STEPHEN 12534 WILES ROAD CORAL SPRINGS, FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Coral Ridge Dr. Coral Springs, FL 33071 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERRY, CRAIG 12534 WILES ROAD CORAL SPRINGS, FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Coral Ridge Dr. Coral Springs, FL 33071 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

APR 21 2004

Date

Daytime Phone #