

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90024 033 ****50.00

DOCUMENT # L02000004798

1. Entity Name
CENTERLINE ACQUISITIONS, LLC



Principal Place of Business
825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071

Mailing Address
825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071

20044410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
01-0635018

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD., SUITE 501
AVENTURA, FL 33180

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME PERRY, CRAIG
STREET ADDRESS 825 CORAL RIDGE DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ Change ☒ Addition
NAME Robert + Stiegele, Jr.
STREET ADDRESS 825 Coral Ridge Dr.
CITY-ST-ZIP Coral Springs, FL 33071

TITLE V ☐ Delete
NAME MARGOLIS, STEPHEN
STREET ADDRESS 825 CORAL RIDGE DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☒ Change ☐ Addition
NAME Craig Perry
STREET ADDRESS 825 Coral Ridge Dr.
CITY-ST-ZIP Coral Springs, FL 33071

TITLE ST ☒ Delete
NAME PERRY, CRAIG
STREET ADDRESS 825 CORAL RIDGE DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4/24/06 954-344 8040