

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90121 002 \*\*\*\*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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
01-0635018

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

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

## 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

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, 2007**

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

## 9. MANAGING MEMBERS/MANAGERS

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

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

TITLE S ☐ Delete  
NAME STIEGELE, ROBERT  
STREET ADDRESS 825 CORAL RIDGE DR  
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

TITLE T, VP ☐ Change ☒ Addition  
NAME Margolis, Stephen  
STREET ADDRESS 825 Coral Ridge Drive  
CITY-ST-ZIP Coral Springs, FL 33071

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

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

TITLE ☐ Change ☐ Addition  
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 #

3/19/07 954-344-8040