

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0012067

DOCUMENT # L02000018843

1. Entity Name

CENTERLINE HOMES AT ST. JAMES, LLC



FILED
03 MAY -2 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12534 WILES RD.
CORAL SPRINGS FL 33076

Mailing Address

12534 WILES RD.
CORAL SPRINGS FL 33076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

04 - 3705900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIPNIS TESCHER LIPPMAN & VALINSKY, P.A.
100 N.E. THIRD AVE., STE. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: President
NAME: Craig Perry
STREET ADDRESS: 12534 Wiles Rd
CITY-ST-ZIP: Coral Springs, FL 33076 ☐ Delete

TITLE: Vice Pres
NAME: Stephen Margolis
STREET ADDRESS: 12534 Wiles Rd
CITY-ST-ZIP: Coral Springs, FL 33076 ☐ Delete

TITLE: Treasurer
NAME: Craig Perry
STREET ADDRESS: 12534 Wiles Rd
CITY-ST-ZIP: Coral Springs, FL 33076 ☐ Delete

TITLE: Secretary
NAME: Craig Perry
STREET ADDRESS: 12534 Wiles Rd
CITY-ST-ZIP: Coral Springs, FL 33076 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
500017851689 ☐ Change ☐ Addition
05/02/03--01001--029 **50.00

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

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

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

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

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 REQUIRED

4/28/03

954-344-8040

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

Date

Daytime Phone #

CR2E083 (10/02)