

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90112 030 \*\*\*\*50.00

**DOCUMENT # L02000018846**

1. Entity Name  
CENTERLINE HOMES AT MIRAMAR, LLC



Principal Place of Business  
825 CORAL RIDGES DR  
CORAL SPRINGS, FL 33071

Mailing Address  
825 CORAL RIDGES DR  
CORAL SPRINGS, FL 33071

**60039521**



01222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3705905

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

**DO NOT WRITE  
IN THIS SPACE**

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**

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE T  
NAME STIEGELE, ROBERT  
STREET ADDRESS 825 CORAL RIDGE DRIVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**4/23/07 931-344-8040**  
Date Daytime Phone #