2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L02000033502 1. Entity Name CENTERLINE HOMES AT PORT ST. LUCIE, LLC Principal Place of Business 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 Mailing Address 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071

FILED Apr 28, 2005 8:00 am Secretary of State

04-28-2005 90038 045 ****50.00

Principal Plac	e of Business	Mailing Address								
825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071		825 CORAL RIDGE DRIVE Coral Springs, FL 33071				14007356				
COICAL 31 KII	103, 11 330/1	CONAL SI MINOS, I'E S.	3071						101 HI 1881	
2. Principal P	face of Business	3. Mailing Address								
·						ii. Suito iinii eniii neiii nei	H 83(78 III)	M91 25M 0 TH 0 MT	L 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03292005	Chg-LLC	CR2E	083 (10/03)		
City & State		City & State		4. FEI Numb				plied For Applicable		
Zip Country		Zip Count		itry		e of Status Desired		\$5.00 Add	itional	
	6. Name and Address of Current	egistered Agent		7. Name an	7. Name and Address of New Registered Agent					
KIDNIC TE		Y, P.A.		Name						
100 N.E. T	SCHER LIPPMAN & VALINSI HIRD AVE., STE. 610			Street Address (P.O. Box Number is Not Acceptable)						
FILAUDE	RDALE, FL 33301				***					
•				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	:: Registere	d Agent signature re	equired when reinstating)	1	DATE			
Fi D	iling Fee is \$50.00 ue by May 1, 2005					lt.		payable to nent of State	,	
9.	MANAGING MEMBI	ERS /MANIAGERS	10.			ADDITIONS/	CUANCE			
TITLE	PS	Delete	TITU	: I		ADDITIONS)	CHANGE	Change	Addition	
NAME	PERRY, CRAIG		NAM	- 1						
STREET ADDRESS CITY-ST-ZIP	825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071			ET ADDRESS -ST-ZIP						
TITLE	V	☐ Delete	TITL					☐ Change	☐ Addition	
NAME	MARGOLIS, STEPHEN		NAM	-				_ ,	_	
STREET ADDRESS CITY+ST-ZIP	825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071			ET ADDRESS -St Zip		-	_			
TITLE	T	□ Delete	TITL					☐ Change	Addition	
NAME	STIEGELE, ROBERT	, 🗀 bolizio	NAM					onango		
STREET ADDRESS	825 CORAL RIDGE DRIVE			ET ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	ri e c		-ST-ZIP						
TITLE NAME		Delete	TITLI NAM	1				☐ Change	Addition	
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLI					Change	Addition	
NAME STREET ADDRESS			NAM	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLI	E				☐ Change	Addition	
NAME			NAM					•		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS						
	pertify that the information cumplied with		CITY	-ST-ZIP						

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:	APR 2 5 2005	
SIGNATURE AND TYPED OR PRINTED NOTE OF SIGNING MANAGING MEMBER, MANAGER, O	DA AUTHORIZED REPRESENTATIVE Date	Daytime Phone #