

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-03-2007 90121 037 ****50.00

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



01222007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4235159

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
STE 501
MIAMI, 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 DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE V
NAME MARGOLIS, STEPHEN
STREET ADDRESS 825 CORAL RIDGE DRIVE
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

Date

Daytime Phone #

3/19/07

954-344-8010