

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90014 050 ****50.00

DOCUMENT # L02000034383

1. Entity Name
CENTERLINE HOMES COMPLETED COMMUNITIES, LLC



Principal Place of Business
**12534 WILES ROAD
CORAL SPRINGS, FL 33076**

Mailing Address
**12534 WILES ROAD
CORAL SPRINGS, FL 33076**

24052001

2. Principal Place of Business
825 Coral Ridge Drive

3. Mailing Address
825 Coral Ridge Drive



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012004 Chg-LLC CR2E083 (10/03)

City & State
Coral Springs, FL

City & State
Coral Springs, FL

4. FEI Number
43-1999085

Applied For
Not Applicable

Zip
33071

Country

Zip
33071

Country

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 NORTHEAST THIRD AVENUE, STE. 610
FORT 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

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTS
PERRY, CRAIG
12534 WILES ROAD
CORAL SPRINGS, FL 33076** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MARGOILS, STEPHEN
12534 WILES ROAD
CORAL SPRINGS, FL 33076** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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
**PS
825 Coral Ridge Drive
Coral Springs, FL 33071** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
Stiegeler, Robert
825 Coral Ridge Drive
Coral Springs, FL 33071** ☐ 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.

APR 21 2004

SIGNATURE:

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

Date

Daytime Phone #