🔭 🦠 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	L02000034383
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FILED

CENTERLINE HOMES COMPLETED COMMUNITIES,			O3 APR 30 AM 10: 58 SECRETALY OF STATE TALLAHASSEE FLORIDA		
	DO NOT WRITE		CE STATE	TÄLLAHASSEET COM	
2. Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 43-1999085	Applied For Not Applicable
Zip	Country	Zip Co	puntry	5. Certificate of Status Desired	\$5.00 Additional Fee Required
			消職 — — — — — — — — — — — — — — — — — — —	7. Name and Address of Current Registere	Agent
DO NOT WRITE Street Address (PC					
			Street Address (F	P.O. Box Number is Not Acceptable)	
	IN THIS SPA	NUE .			
			City	FL	Zip Code
8. The above	named entity submits this statement for t	he purpose of changing its regis	tered office or register	ed agent, or both, in the State of Florida. I am f	amiliar with, and accept
the obligat	tions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent and	1 title if anntinable		DATE	
	Signature, typed or printed harrie or registered agent and		IS \$50.00	DATE	
		Make Check Payable to	Florida Departme	nt of State	
	·		BY MAY 1		
9.	President				14. (A)
TITLE NAME	CRAIG PERRY		TTLE IAME	3000175893	43
STREET ADDRESS	CRAIG PERRY 12534 Wiles Rd		TREET ADDRESS	3000175893 04/30/0301082004	**50.00
CITY-ST-ZIP	Coral Springs, FL 33	3646	aty-st-zip		
TITLE NAME	STEPHEN MARGOLIS		TTLE IAME		
STREET ADDRESS	12554 Wiles Rel	in the second se	TREET ADDRESS		
CITY-ST-ZIP	Caral Spring &1:	307b	CITY - ST - ZIP		
TITLE	Treasurer		TILE .	a programa de la Carlo de La Carlo de Carlo de Carlo de La Carlo de Carlo de Carlo de Carlo de Carlo de Carlo d La carlo de	
NAME STREET ADDRESS	Craig Perry	Mark State Company	IAME TREET ADDRESS		
CITY_ST-ZIP	_Conal Spring, Fl		HTY-ST-ZIP	DO NOT WRI	TE
TITLE	Secretary		IN THIS SPACE		
NAME	Ceaig Perry		IAME	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP	12534 Wiles Re		TREET ADDRESS		
TITLE	Corrac Springs, &	(a)	ITTE		
NAME			IAME		
STREET ADDRESS			TREET ADDRESS	and the second s	
CITY-ST-ZIP			ITY-ST-ZIP		
TITLE			ITLE		
NAME STREET ADDRESS		in the second se	IAME Treet address		
CITY-ST-ZIP			TY-ST-ZIP		
11. I hereby o	certify that the information supplied with the	is filing does not qualify for the e	xemption stated in Second	ction 119.07(3)(i), Florida Statutes. I further cer	tify that the information

indicated on this report is true and accurate and that thy signature shall have the same legal effect as if made under oath; that I am a mallimited liability company or the receiver or trustee emptwered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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