

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

DOCUMENT # L02000034383

1. Entity Name

CENTERLINE HOMES COMPLETED COMMUNITIES, L



FILED

03 APR 30 AM 10: 58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1999085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current 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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
CRAIG PERRY  
12534 Wiles Rd  
Coral Springs, FL 33076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice Pres.  
STEPHEN MARGOLIS  
12534 Wiles Rd  
Coral Springs, FL 33076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Craig Perry  
12534 Wiles Rd  
Coral Springs, FL 33076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Craig Perry  
12534 Wiles Rd  
Coral Springs, FL 33076

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CITY-ST-ZIP

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04/30/03--01082--004 \*\*50.00

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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:

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

Date

Daytime Phone #

4/28/03 954-344-8040

CR2E089B (12/02)