

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2004 90013 032 ****50.00

DOCUMENT # L03000002121

1. Entity Name
 CENTERLINE HOMES AT B AND A, LLC



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

Mailing Address
 12534 WILES ROAD
 CORAL SPRINGS, FL 33076

24051980

2. Principal Place of Business
 825 Coral Ridge Dr
 Suite, Apt. #, etc.

3. Mailing Address
 825 Coral Ridge Dr
 Suite, Apt. #, etc.



04012004 Chg-LLC CR2E083 (10/03)

City & State
 Coral Springs, FL

City & State
 Coral Springs, FL

Zip
 33071

Country

4. FEJ Number
 27-0048771

Applied For
 Not Applicable

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 _____ (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

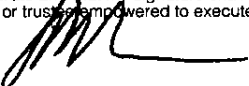
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PENNY, CRAIG 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARGOLIS, STEPHEN 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STIEGELE, ROBERT 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: 

APR 21 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #