

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-03-2007 90121 022 ****50.00

DOCUMENT # L03000002121

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



Principal Place of Business
825 CORAL RIDGE DR.
CORAL SPRINGS, FL 33071

Mailing Address
825 CORAL RIDGE DR.
CORAL SPRINGS, FL 33071

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132007 Chg-LLC CR2E083 (12/06)

4. FEI 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

7. Name and Address of New Registered Agent

LEOPOLD, KORN & LEOPOLD, PA
20801 BISCAYNE BLVD STE 501
AVENTURA, FL 33180

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE PS ☒ Delete
NAME PERRY, CRAIG
STREET ADDRESS 825 CORAL RIDGE DR.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE V ☒ Delete
NAME MARGOLIS, STEPHEN
STREET ADDRESS 825 CORAL RIDGE DR.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE T ☒ Delete
NAME STIEGELE, ROBERT
STREET ADDRESS 825 CORAL RIDGE DR.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME Centerline Homes, Inc.
STREET ADDRESS 825 Coral Ridge Drive
CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/19/07 954-344-8040

60031779

