

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2004 90013 001 ****50.00

DOCUMENT # L03000007275 1. Entity Name CENTERLINE PORT ST. LUCIE, LLC			
Principal Place of Business 12534 WILES ROAD CORAL SPRINGS, FL 33076		Mailing Address 12534 WILES ROAD CORAL SPRINGS, FL 33076	
2. Principal Place of Business 825 Coral Ridge Drive		3. Mailing Address 825 Coral Ridge Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33071		Zip 33071	
Country USA		Country USA	
4. FEI Number 04-3753284		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KIPNIS TESCHER LIPPMAN & VALINSKY, P.A. 100 NORTHEAST THIRD AVENUE, SUITE 610 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PENNY, CRAIG <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Coral Ridge Drive Coral Springs, FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARGOLIS, STEPHEN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Coral Ridge Drive Coral Springs, FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STIEGEL, ROBERT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Coral Ridge Drive Coral Springs, FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		APR 21 2004 <small>Date Daytime Phone #</small>	