2007 LIMITED LIABILITY COMPANY ANNUAL REPORT							FILED Apr 03, 2007 8:00 am Secretary of State				
DOCUMENT # L0300007275 1. Entity Name CENTERLINE PORT ST. LUCIE, LLC)	04-03-2	007 90121	038 **:	**50.00	
Principal Place of Business 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071			Mailing Address 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071			60031.1.p.2					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132007	Chg-LLC	CR2E083 (12/06)		
City & State			City & State		4. FEI Numb 04-375				plied For Applicable		
Zip	Zip Country		Zip	Zip Coun		5. Certificate	e of Status Desired		00 Addi Required		
	6. Name and Addr	egistered Agent	tered Agent Name			7. Name and Address of New Registered Agent					
LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BOULEVARD SUITE 501						(P.O. Box Numb	per is Not Acceptable	9)			
AVENTURA, FL 33180					City			FL	Zip Code	,	
	named entity submits I tions of registered agen		the purpose of changing its	registere	ed office or regist	ered agent, or bo	oth, in the State of Fic	• •	liar with, a	and accept	
SIGNATURE	Signature, typed or printed name	e of registered agent an	d title if applicable. (NOT	E: Registered	s Agent signature requir	ed when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2007								e check paya a Department		,	
9.	· · · · · · · · · · · · · · · · · · ·	AGING MEMBER	S/MANAGERS	10.	·····		ADDITIONS	CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - 21P	PS PERRY, CRAIG 825 CORAL RIDGE CORAL SPRINGS,		Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARGOLIS, STEP 825 CORAL RIDGE CORAL SPRINGS,	E DRIVE	X Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STIEGELE, ROBEI 825 CORAL RIDGE CORAL SPRINGS,	RT E DRIVE	Delete					0	Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CENTERLINE HOM 825 CORAL RIDGE CORAL SPRINGS,	DRIVE	Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			Delete	1					Change	Addition (
			Delete	TITLE NAMI					Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP					et address St-zip						
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby o indicated	l on this report is true ar	id accurate and the	his filing does not qualify fo parmy signature shall have empowered to execute this	CITY the exer the same	ST-ZIP mptions containe	made under oat	h; that I am a manac	urther certify tha jing member or	t the infor manager	mation r of the	