

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90112 035 ****50.00

DOCUMENT # L03000018613

1. Entity Name
CENTERLINE FARMS, LLC



Principal Place of Business

825 CORAL RIDGE DR.
CORAL SPRINGS, FL 33071

Mailing Address

825 CORAL RIDGE DR.
CORAL SPRINGS, FL 33071

00000010



01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0057790

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PERRY, CRAIG
STREET ADDRESS	825 CORAL RIDGE DR.
CITY- ST- ZIP	CORAL SPRINGS, FL 33071
TITLE	MGR
NAME	PALMER, MICHAEL B
STREET ADDRESS	13833 WELLINGTON TRACE, STE 115
CITY- ST- ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/23/07 954-344-8040

Date

Daytime Phone #