


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2004 90013 036 \*\*\*\*50.00

<b>DOCUMENT # L03000023633</b> 1. Entity Name <b>CENTERLINE HOMES CUSTOM SERIES I, LLC</b>						
Principal Place of Business <b>12534 WILES ROAD</b> <b>CORAL SPRINGS, FL 33076 US</b>			Mailing Address <b>12534 WILES ROAD</b> <b>CORAL SPRINGS, FL 33076 US</b>			
2. Principal Place of Business <b>825 Coral Ridge Drive</b>		3. Mailing Address <b>825 Coral Ridge Drive</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012004 Chg-LLC CR2E083 (10/03)		
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>		4. FEI Number <b>20-0073172</b>		
Zip <b>33071</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>LEOPOLD, KORN &amp; LEOPOLD, P.A.</b> <b>20801 BISCAYNE BOULEVARD</b> <b>SUITE 501</b> <b>AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____						
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete <b>MARGOLIS, STEPHEN</b> <b>12534 WILES ROAD</b> <b>CORAL SPRINGS, FL 33076</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>825 Coral Ridge Drive</b> <b>Coral Springs, FL 33071</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete <b>PERRY, CRAIG</b> <b>12534 WILES ROAD</b> <b>CORAL SPRINGS, FL 33076</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>825 Coral Ridge Drive</b> <b>Coral Springs, FL 33071</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete <b>STIEGELE, ROBERT</b> <b>12534 WILES ROAD</b> <b>CORAL SPRINGS, FL 33076</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>825 Coral Ridge Drive</b> <b>Coral Springs, FL 33071</b>	
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.						
<b>SIGNATURE:</b> _____ <b>APR 21 2004</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #						

**24051999**

