2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # L03000023633 1. Entity Name **CENTERLINE HOMES CUSTOM SERIES I, LLC**

Principal Place of Business 825 CORAL RIDGE DR CORAL SPRINGS, FL 33071 US Mailing Address 825 CORAL RIDGE DR CORAL SPRINGS, FL 33071

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

04-03-2007 90122 050 ****50.00

60031801



01222007 No Chg-LLC

4. FEI Number

CR2E083 (11/05)

20-0073172 5. Certificate of Status Desired

Not Applicable \$5.00 Additional Fee Required

Applied For

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

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

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.

US

SIGNATURE.

	Signature, typed or printed name of registered agent and little it 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	MARGOLIS, STEPHEN		
STREET ADDRESS	825 CORAL RIDGE DRIVE		
CITY-ST-ZiP	CORAL SPRINGS, FL 33071		
TITLE	MGR		
NAME	PERRY, CRAIG		
STREET ADDRESS	825 CORAL RIDGE DRIVE		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
TITLE			
NAME			
STREET ADDRESS			TWRITE
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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 use and ender 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 use the ender of the execute this report as required by Chapter 608, Florida Statutes.			
SIGNAT		311910	1 454-344-8040

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE