2004 LIMITED LIABILITY COMPANY

Apr 23, 2004 8:00 am Secretary of State ANNUAL REPORT 04-23-2004 90013 022 ****50.00 **DOCUMENT # L03000051688** CENTERLINE HOMES AT BALDWIN PARK, LLC 24051990 Principal Place of Business Mailing Address 12534 WILES ROAD 12534 WILES ROAD CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 US 2. Principal Place of Business 825 Ciral Ridge Or 3. Mailing Address RidgE Dy Suite, Apt. #, etc. Suite, Apt. #, etc. 04012004 Chg-LLC CR2E083 (10/03) CITY & STATE Princy , FL City & State DYOL SPY I MAS Applied For 4. FEI Numbe ,FL 20-0498938 Not Applicable 3307 Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEOPOLD, KORN & LEOPOLD, P.A. Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180 City 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. 1 am familiar with, and accept the obligations of registered agent. DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. 825 Evral Ridge Dr Evral Springs, FL 33071 **[**▼ Change MGRM TITLE ☐ Delete T17) F ☐ Addition PERRY, CRAIG S NAME STREET ADDRESS 12534 WILES ROAD STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP 825 Coral Ridge Dr Coral Springs iFL 33071 **▼** Change MGRM ☐ Delete TITLE ☐ Addition MARGOLIS, STEPHEN NAME NAME STREET ADDRESS 12534 WILES ROAD STREET ADDRESS CORAL SPRINGS, FL 33076 CITY-ST-ZIP CITY-ST-ZIP 825 Coral Ridge Dr. Coral Springs : FL 33071 Change MGRM TITLE ☐ Delete TITLE ☐ Addition STIEGELE, ROBERT NAME NAME STREET ADDRESS 12534 WILES ROAD STREET ADDRESS CORAL SPRINGS, FL 33076 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TILE ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. 1 2004

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

SIGNATURE:

FILED

Daytime Phone #

Date