


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000051688**

1. Entity Name  
**CENTERLINE HOMES AT BALDWIN PARK, LLC**



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



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-0498938**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PERRY, CRAIG S	
STREET ADDRESS	825 CORAL RIDGE DR.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MARGOLIS, STEPHEN	
STREET ADDRESS	825 CORAL RIDGE DR.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	STIEGELE, ROBERT	
STREET ADDRESS	825 CORAL RIDGE DR.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000541834  
 05/10/06-80074-011 50.00

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:**  **DATE:** **4/28/06** **DAYTIME PHONE #:** **954-344-8040**