


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-03-2007 90121 016 ****50.00

DOCUMENT # L03000051688	
1. Entity Name CENTERLINE HOMES AT BALDWIN PARK, LLC	

Principal Place of Business 825 CORAL RIDGE DR. CORAL SPRINGS, FL 33071 US	Mailing Address 825 CORAL RIDGE DR. CORAL SPRINGS, FL 33071 US
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0498938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERRY, CRAIG S 825 CORAL RIDGE DR. CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARGOLIS, STEPHEN 825 CORAL RIDGE DR. CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STIEGELE, ROBERT 825 CORAL RIDGE DR. CORAL SPRINGS, FL 33071
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3/19/07 954-344-8010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #