## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE and TYPED OR PRINTED NAME OF

## Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # L04000010924** 04-28-2005 90038 033 \*\*\*\*50.00 CENTERLINE HOMES AT MILL CREEK, LLC Principal Place of Business Mailing Address 14007368 825 CORAL RIDGE DRIVE 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 US US 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 03292005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-0124294 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD. **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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Delete TITLE TITt F ☐ Change ☐ Addition NAME CENTERLINE HOMES, INC. NAME 825 CORAL RIDGE DRIVE STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 filting 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. APR 2 5 2005

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**