2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2005 8:00 am Secretary of State DOCUMENT # L04000011389 04-28-2005 90038 026 ****50.00 CENTERLINE GROUP, LLC Principal Place of Business Mailing Address 14007375 825 CORAL RIDGE DRIVE 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33071 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 03292005 CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-0725213 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Delete TITLE TITLE ☐ Addition PERLY CLAIG 825 COLA RIDGE DAIVE NAME NAME STREET ADDRESS STREET ADDRESS COLAL SPRINGS, FL 3307/ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAKGOLIS, STEPHEN 825 COLAL RIDGE DRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP COLAL SPAINES, FL 33071 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STIEGELE, ROBERT 825 COLAL REDGE DRIVE NAME NAME STREET ADDRESS STREET ADDRESS COLAL SPLINGS, FL 3307/ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ 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-S1-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - 21P 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 receiper or gustee empowered to execute this report as required by Chapter 608, Florida Statutes. APR 2 5 2005 SIGNATURE:

Date

Daytime Phone #

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

FILED