2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNOAL ILLI OIL					Secretary of State			
DOCUMENT # L04000011403 LE ETILLY NATION CENTERLINE HOMES AT GEORGETOWN, LLC								
Principal Place of Business Mailing Address								
825 CORAL RIDGE DRIVE 825 CORAL RIDGE E			N/F		}			
CORAL GABLES, FL 33071 US CORAL GAB			GABLES, FL 33071 US					
South director, 12 00071 00 00011 000112 000112 000112 000112 000112 000112 000112 000112 000112 000112 000112					{ {	1888) BION 3818 8880 188	:	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt, #, etc.			04062006	Chg-LLC	CR2E083 (11/0	05)
City & State		City & State		4. FEI Number 20-0725			Applied For Not Applicable	
Zip	Gountry	Zip	Country		5. Certificate of	of Status Desired	☐ \$5.00 Fee Req	Additional uired
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New R	egistered Agent	
LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501				Name				
			-	Street Address (P.O. Box Number is Not Acceptable)				
AVENTUR	A, FL 33180					==	ado.	
The above period artitle or books this approximation the propose of changing its eng				City	and poont or both	in the State of Ele	FL Zip (
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 lamillar with, and accept the obligations of registered agent								
SIGNATURE Signature, typed or printed risms of inglistered agent and title if applicable (NOTE: Registered Agent eignature required when reinstalling) DATE								
Fi De	ling Fee is \$50.00 ue by May 1, 2006						e check payable to Department of S	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ACCITICNS	CHANGES	
TITLE	MGR	☐ Detele	זווג				☐ Chan	ge 🔲 Addition
NAME	CENTERLINE HOMES, INC.	C Célete	NAM	1				2
STREET ADDRESS	825 CORAL RIDGE DR	•		LET ADDRESS				
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NAME			NAN	re }				
STREET ACIDINESS			STR	EET ADDRESS				
CITY-ST-ZIP		1	CITY	(-ST-ZIP				
11. Thereby certify that the information supplied with this filling 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 enry that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the ilmited flability company or the receiver or in see empowered to execute this report as required by Chapter 608, Florida Statutes.								

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