
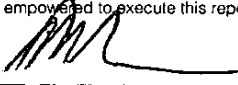


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90032 014 ****50.00

| | | | | | | | |
|---|---|---------------------|--|--|-----------------|----|----------|
| DOCUMENT # L04000011434 | | | |  | | | |
| 1. Entity Name CENTERLINE HOMES GROUP FOUR, LLC | | | | | | | |
| Principal Place of Business 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 US | | | Mailing Address 825 CORAL RIDGE DRIVE 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 | 4. FEI Number 20-0725409 | | | |
| | | | | 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 | | | 7. Name and Address of New Registered Agent | | | | |
| LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD., 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | | | |
| TITLE | NAME | | TITLE | NAME | | | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | | | |
| | MBR CENTERLINE HOMES, INC. 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 | | | | | | |
| TITLE | NAME | | TITLE | NAME | | | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | | | |
| | | | | | | | |
| TITLE | NAME | | TITLE | NAME | | | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | | | |
| | | | | | | | |
| TITLE | NAME | | TITLE | NAME | | | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | | | |
| | | | | | | | |
| TITLE | NAME | | TITLE | NAME | | | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | |
| SIGNATURE:  | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date | Daytime Phone # | | |

APR 25 2005