2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000064127

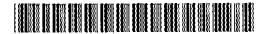
1. Entity Name
CENTERLINE ESTATES, L.L.C.

Principal Place of Business

5801 CONGRESS AVENUE BOCA RATON, FL 33487 Malling Address

5801 CONGRESS AVENUE BOCA RATON, FL 33487

FILED Feb 06, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1590835 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S ESQ. C/O MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394			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.	Signature, typed or printed name of registered agent and title 1 applicable.	(NOTE: Registered	Apent elignature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, STEVE 5801 CONGRESS AVE. BOCA RATON, FL 33487			000000423228 02/17/06-80048-016 50.00 DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- " "		

11. I hereby certify that the information supplied with this tiling 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 of the repelver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JRE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAYS MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/17/06 561

561-498-5600