2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

EII ED

Apr 28, 2005 8:00 am
Secretary of State
04.39.3005.00039.034.****50.00

DOCUMENT # L04000067487 04-28-2005 90038 024 CENTERLINE HOMES AT BRONSON'S LANDING, LLC Principal Place of Business Mailing Address 14007377 825 CORAL RIDGE DRIVE 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232005 CR2E083 (10/03) Chg-LLC City & State City & State Applied For 4. FEI Number 20-1628741 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name end Address of New Registered Agent Name 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 FL 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 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE TITLE Change ☐ Addition E i Delete CENTERLINE HOMES, INC. NAME NAME 825 CORAL RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33071 TITLE ☐ Delete TITLE ☐ 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 Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE TTLE ☐ Change ☐ 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-7IP CITY-ST-7IP

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 eath; 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: JHC: Signature and typed or printed name of signing managing member, manager, or authorized representative **APR 2 5** 2005

Daytime Phone #