
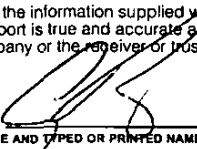


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90402 022 \*\*\*138.75

<b>DOCUMENT # L04000067503</b> 1. Entity Name <b>CENTERLINE HOMES ENTERPRISES ONE, LLC</b>																													
Principal Place of Business <b>825 CORAL RIDGE DRIVE</b> <b>CORAL SPRINGS, FL 33071 US</b>			Mailing Address <b>825 CORAL RIDGE DRIVE</b> <b>CORAL SPRINGS, FL 33071 US</b>																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number <b>20-1628853</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																										
<b>LEOPOLD, KORN &amp; LEOPOLD, P.A.</b> <b>20801 BISCAYNE BLVD.</b> <b>SUITE 501</b> <b>AVENTURA, FL 33180</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																										
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																										
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CENTERLINE HOMES, INC.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>825 CORAL RIDGE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33071</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	CENTERLINE HOMES, INC.		STREET ADDRESS	825 CORAL RIDGE DRIVE		CITY-ST-ZIP	CORAL SPRINGS, FL 33071		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>SIGNATURE:</b>  </div> <div style="width: 30%;"> <b>CRAIG PERRY</b> </div> <div style="width: 20%;"> <b>1/15/08</b> </div> <div style="width: 20%;"> <b>954-344-8040</b> </div> </div>																													