

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-03-2008 90402 023 ***138.75

60011978



DOCUMENT # L04000067536 1. Entity Name CENTERLINE HOMES ENTERPRISES TWO, 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 - No P.O. Box #		3. Mailing Address																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State		01142008 Chg-LLC CR2E083 (12/06)																																																																																																																																																	
Zip		Country		4. FEI Number 20-1628859																																																																																																																																																	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																																																																																																		
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <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> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</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> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</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> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</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> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</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 style="flex: 1;"> 10. ADDITIONS/CHANGES <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> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="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> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="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> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="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> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="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"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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"/> Delete																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
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%;"> SIGNATURE: </div> <div style="width: 30%;"> CRAIG PERRY </div> <div style="width: 20%;"> 1/15/08 </div> <div style="width: 20%;"> 954-344-8040 </div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # </div>																																																																																																																																																					