2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State

DOCUMENT # L0400091148 1. Entity Name CENTERLINE HOMES AT RAVINIA, LLC Principal Place of Business 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 US 14 007365 14 007365 14 007365 14 007365 14 007365 14 007365 14 007365 15 03232005 Chg-LLC CR2E083 (10/03) 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number 20 20 2860 Rocal RIDGE DRIVE CORAL SPRINGS, FL 33071 US 14 007365 14 007365 14 007365 14 007365 14 007365 15 03232005 Chg-LLC CR2E083 (10/03) 3232005 Chg-LLC CR2E083 (10/03) Applicable Rocal Ridge of Business 3. Mailing Address City & State 4. FEI Number 20 2022 8860 Rocal Ridge of Review Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent. SIGNATURE By Business How May 1, 2005 Filing Fee is \$50.00 Due by May 1, 2005 Police Special Rocal		741410712					SCCICIO	LL y (μ	aic
### ADDITIONS OF THE PROPERTY	1. Entity Name							_		
### AZE CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 US ### AUTO- ##	Principal Plac	e of Business	Mailing Address							
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite Legislation Legisla	825 CORAL RIDGE DRIVE		825 CORAL RIDGE DRIVE			14007365				
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite Legislation Legisla	•						M COUR BIOU COM BOIL COU			
City & State Country Country So, Certificate of Status Desired \$5.00 Acceptables Store Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptables) Street Address (P.O. Box Number is Not Acceptables) City FL Zip Code Street Address (P.O. Box Number is Not Acceptables) City FL Zip Code City Full Registered Agent, or both, in the State of Floridae. I am familiar with, and accept the obligation of greatered agent, or both, in the State of Floridae. I am familiar with, and accept the obligation of greatered agent, or both, in the State of Floridae. I am familiar with, and accept the obligation of greatered agent, or both, in the State of Floridae. I am familiar with, and accept the obligation of greatered agent, or both, in the State of Floridae. I am familiar with, and accept the obligation of greatered agent, or both, in the State of Floridae. I am familiar with, and accept the obligation of greatered agent, or both, in the State of Floridae. I am familiar with, and accept the obligation of greatered agent, or both, in the State of Floridae. I am familiar with, and accept the obligation of greatered agent, or both, in the State of Floridae. I am familiar with, and accept the obligation of greatered agent, or both, in the State of Floridae. I am familiar with, and accept the obligation of greatered agent, or both, in the State of Floridae. I am familiar with, and accept the obligation of greatered agent, or b	2. Principal Place of Business		3. Mailing Address							
Time	Suite, Apt. #, etc.		<u> </u>		03232005	Chg-LLC	CR2E08			
Zip Country Zip Country Zip Country S. Conflicted of Status Desired S. S.00 Additional Fee Required Name Fee Required Name Fee Required Name Street Address of Name and Address of Name Registered Agent Name Street Address of Name Registered Agent Name Street Address of Name Registered Agent Name Street Address of Name Registered Agent Name Name Street Address of Name Registered Agent Name	City & Star	:e	City & State							
Name		Country	Zip	Coun	try				\$5.00 Add	litional
Supera Notes Supe		6. Name and Address of Current	Registered Agent			7. Name an	d Address of New R	gistered A	gent	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					Name					
AVENTURA, FL 33180 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Lam familiar with, and accept the obligations of registered agent and the if applicable. SIGNATURE THING Foe is \$50.00 BY MAY 1, 2005 THE MARK CENTERLINE HOMES, INC. CENTERLINE HOMES, INC. CENTERLINE HOMES, INC. CITY-ST-2IP CORAL SPRINGS, FL 33071 THE NAME SIRET ADDRESS CITY-ST-2IP THE NAME	20801 BIS	CAYNE BLVD.	Street Address			ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
B. 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										
B. 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					City	——. ·			Zip Code	9
THE MARE CORAL SPRINGS, FL 33071 TILE NAME TITLE OBJECT ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS S							th is the Dear of Ele			
Filling Fee is \$50.00 Discription in recipitation (NOTE: Registered Agent signature recipitation) 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR. CENTERLINE HOMES, INC. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TIT			r the purpose of changing its	registere	ad office of regi	istered agent, or or	oin, in the State of Flo	nda. Tam i	amutar with,	ano accept
Filling Fee is \$50.00 Discription in recipitation (NOTE: Registered Agent signature recipitation) 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR. CENTERLINE HOMES, INC. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TIT	SIGNATI IDE									
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR CENTERLINE HOMES, INC. Sielle STRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME S	SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	d Agent signature req	juired when reinstating)		DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS S	9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	TITLE	MGR	rete	TITLE					☐ Change	unitO∏
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET		1 .			1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		CORAL SPRINGS, FL 33071	<u> </u>	+						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			∟ Delete		1				L Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS					4					
NAME STREET ADDRESS CITY-ST-ZIP TITLE RAME STREET ADDRESS	CITY-ST-ZIP				1					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE		☐ Delete -	TITLE			-	-	☐ Change	Addition
CITY-ST-ZIP TITLE RAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS										
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS										
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	-		☐ Delete						☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS					i					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE		☐ Delete	TITLE					☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS				NAME	:				•	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS										
NAME STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			CITY	-ST-ZIP					
STREET ADDRESS STREET ADDRESS			Delete						Change	☐ Addition

11. I hereby certify that the information supplied with this filling 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.

A/K 2 5 2005

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Proce #