

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109658

FILED
Jan 20, 2007
Secretary of State

Entity Name: CENTERLINE DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

13219 BYRD DRIVE
SUITE B
ODESSA, FL 33556 US

New Principal Place of Business:

13219 BYRD DRIVE
SUITE B
ODESSA, FL 33556 US

Current Mailing Address:

13219 BYRD DRIVE
SUITE B
ODESSA, FL 33556 US

New Mailing Address:

13219 BYRD DRIVE
SUITE B
ODESSA, FL 33556 US

FEI Number: 20-3777130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLZBERGER, DUSTIN
13219 BYRD DRIVE
SUITE B
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

HOLZBERGER, DUSTIN C
13219 BYRD DRIVE
SUITE B
ODESSA, FL 33556 US

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.

SIGNATURE: DUSTIN C. HOLZBERGER

01/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLZBERGER, DUSTIN
Address: 13219 BYRD DR SUITE B
City-St-Zip: ODESSA, FL 33556 US

Title: MGR () Delete
Name: SANGUEDOLCE, MICHELE
Address: 13219 BYRD DR SUITE B
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: DUSTIN HOLZBERGER

MGR

01/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date