

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090033

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: CENTRE-LINE DEVELOPMENT, LLC

**Current Principal Place of Business:**

4770 BISCAYNE BOULEVARD  
SUITE 920  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4770 BISCAYNE BOULEVARD  
SUITE 920  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 20-5542958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHERMER, RICHARD N  
19495 BISCAYNE BOULEVARD  
SUITE 606  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

SCHERMER, RICHARD N  
19950 COUNTRY CLUB DRIVE  
SUITE 101  
AVENTURA, FL 33180 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:

03/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CERVONE, ANTHONY V  
Address: 4770 BISCAYNE BOULEVARD, SUITE 920  
City-St-Zip: MIAMI, FL 33137

Title: MGR ( ) Delete  
Name: PANKEY, LINDSEY D  
Address: 4770 BISCAYNE BOULEVARD, SUITE 920  
City-St-Zip: MIAMI, FL 33137

**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 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: ANTHONY CERVONE

MR

03/05/2009

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