2002 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2002 8:00 am Secretary of State P01000010790 **DOCUMENT #** 1. Entity Name CENTERLINE HOMES SIGNATURE SERIES, INC. 04-28-2002 90774 025 ***150.00 Principal Place of Business Mailing Address 12534 WILES ROAD 12534 WILES ROAD CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbei Applied For 65-Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOX-BUTLER, PATRICIA Street Address (P.O. Box Number is Not Acceptable) KIPNIS TESCHER LIPPMAN & VALINSKY PA 100 NE THIRD AVENUE SUITE 610 FORT LAUDERDALE FL 33301 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE PERRY, CRAIG 12534 WILES ROAD NAME NAME STREET ADDRESS STREET ADDRESS CORALSPRINGS, FL 33076 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change MARGOLIS, STEPHEN NAME 12534 WILLS KOAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FZ 33076 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

954-344 8040

FILED