
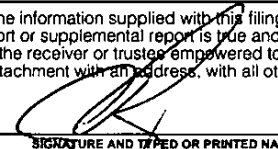


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-03-2008 90186 047 ***150.00

DOCUMENT # P01000021617 1. Entity Name CENTERLINE HOMES AT THE EQUESTRIAN CLUB, INC.																																																																																																																																			
Principal Place of Business 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071			Mailing Address 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071																																																																																																																																
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																																																
4. FEI Number 65-1095284			Applied For <input type="checkbox"/> Not Applicable																																																																																																																																
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																																																																																																
6. Name and Address of Current Registered Agent LEOPOLD KORN & LEOPOLD PA 20801 BISCAYNE BLVD STE 501 MIAMI, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. 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 \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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12. 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 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																			
SIGNATURE:  CRAIG PERRY 1/15/08 951-34-8040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			