

P9S000053327

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.  
Account Number : I20010000025  
Phone : (305) 935-3500  
Fax Number : (305) 935-9042

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

CENTERLINE HOMES, INC.

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CENTERLINE HOMES, INC.
2. The principal office address: 825 CORAL RIDGE DR, CORAL SPRINGS FL 33071
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/05/1995 Document number: P95000053327
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KIPNIS, TESCHER, LIPPMAN & VALINSKY, P.A.

100 NE THIRD AVENUE, SUITE 610

FORT LAUDERDALE FL 33301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Leopold, Korn & Leopold, P.A.

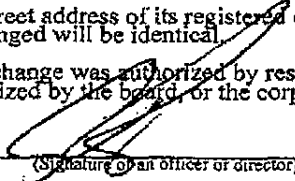
20801 Biscayne Blvd., Suite 501

(P.O. Box NOT acceptable)

Aventura, FL 33180

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

CRAIG PERRY, President  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

12/27/05  
(Date)

If signing on behalf of an entity:

Norman Leopold

(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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