2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 19, 2001 8:00 am DOCUMENT # P95000085558 Secretary of State 1. Entity Name CENTERLINE HOMES AT WYNDHAM LAKES II, INC. 03-19-2001 90485 029 ***150.00 Principal Place of Business Mailing Address 12534 WILES RD. 12534 WILES RD. CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 J0401V 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0678412 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTHENBERG, LARRY A P.A. 2424 NORTH FEDERAL HIGHWAY SUITE 455 **BOCA RATON FL 33431** 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 KIONS TESCHEC LIPPMAN VALINSKULL. H. Kipnis SIGNATURE DATE red 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, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **Change** ☐ Addition TITLE Delete D Perry, Craig NAME PERRY, CRAIG NAME 12534 Wiles Road STREET ADDRESS 334 LAKE CREST CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not quality 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 true entry of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

64/07 984-344-8040