


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90049 028 ****50.00

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|---|---|--|--|--|--|
| DOCUMENT # L04000037789 1. Entity Name CSFB 2000-C1 LAKELAND, LLC | | | |  | |
| Principal Place of Business 1601 WASHINGTON AVENUE, STE. 700 MIAMI BEACH, FL 33139 | | | Mailing Address 1601 WASHINGTON AVENUE, STE. 700 MIAMI BEACH, FL 33139 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 20-1278120 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 04072005 Chg-LLC CR2E083 (10/03) | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR LENNAR PARTNERS, INC. 1601 WASHINGTON AVENUE, STE. 700 MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR LENNAR PARTNERS, INC. 1601 WASHINGTON AVENUE, STE. 700 MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete | | | |
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| 11. 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 is true and accurate and that my 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: _____ (305) 695-5600 | | | | | |
| CSFB 2000-C1 Lakeland, LLC, a Florida limited liability company By: Lennar Partners, Inc., a Florida corporation, its manager By: Randolph J. Wolpert, Vice President | | | | | |