#### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

# **DOCUMENT # P00000115388**

W/B LENNAR CORPORATE CENTER CORP.

**2665 SOUTH BAYSHORE DRIVE** 

Principal Place of Business

#1002

MIAMI, FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE

#1002

MIAMI, FL 33133

### **FILED** Apr 29, 2004 08:00 AM **Secretary of State**



### DO NOT WRITE IN THIS SPACE

04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1068224 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHATZ, RICHARD E 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130

SIGNATURE

## DO NOT WRITE IN THIS SPACE

| 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 Signature, typed or prised name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.   |   |   |  | roquired when reinstating)     | DATE   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00   |   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees |  | \$5.00 May Be<br>Added to Fees |  |
| 10.   | OFFICERS AND DIREC  | TORS  |  |                                | - 11   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP   | D<br>WEISER, WARREN P<br>2665 SOUTH BAYSHORE DRIVE<br>MIAMI, FL 33133 |   |  |                                | <u> </u>   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |  | - >                            | 04/29/04-80185-021 150.DD  |
| TITLE<br>NAME<br>STREET AODRESS<br>CITY-ST-ZIP  |   |   |  | DO                             | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |  | IN.                            | THIS SPACE   |
| TITLE NAME STREET AEORESS CITY-ST-ZP  |   |   |  |                                | To see the control of |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |  |                                |  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; 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 affactorie in an address, with all other like empowered. |   |   |  |                                |  |

WARREN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. WEISER