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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 274042 (1)

1. Corporate Name
LENNAR COMMERCIAL PROPERTIES, INC.

Principal Place of Business	Mailing Address
700 NW 107 AVENUE MIAMI FL 33172	700 NW 107 AVENUE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Authorized — 09/25/1963
3a. Date of Last Report — 05/01/1994

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. # (22) — Suite, Apt. # (27)
City & State (23) — City & State (28)
ZIP (24) County (25) — ZIP (29) County (30)

4. FEI Number — 59-1033049 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has elected to be governed by the provisions of Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J.ESQ.
700 NW 107TH AVENUE
4TH FLOOR
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TYPE	T	TYPE	☐ Change ☐ Addition
NAME	SALEDA, M E	NAME	
STREET ADDRESS	700 NW 107TH AVE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TYPE	AS	TYPE	☐ Change ☐ Addition
NAME	SIERRA, KATHLEEN E.	NAME	
STREET ADDRESS	700 NW 107TH AVE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TYPE	SD	TYPE	☐ Change ☐ Addition
NAME	COLE, ROBERT B.	NAME	
STREET ADDRESS	700 NW 107TH AVE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TYPE	VD	TYPE	☐ Change ☐ Addition
NAME	PEKOR, ALLAN J	NAME	
STREET ADDRESS	700 NW 107TH AVE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TYPE	PDC	TYPE	P ☐ Change ☒ Addition
NAME	MILLER, LEONARD	NAME	Miller, Stuart A.
STREET ADDRESS	700 NW 107TH AVE	STREET ADDRESS	700 N.W. 107 Ave.
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	Miami, FL 33172
TYPE	AS	TYPE	☐ Change ☐ Addition
NAME	SANTAELLA, GRACE	NAME	
STREET ADDRESS	700 N.W. 107TH AVENUE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	

14. I/We hereby certify that the information supplied with this filing is true, accurate and complete. I/We qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in the annual report or supplemental annual report is true and correct 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 12 or 13 above, or on an attachment with an address.

SIGNATURE: Kathleen E. Sierra — Kathleen E. Sierra — 4/14/95 — (305) 229-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0107200 CP