
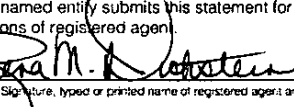
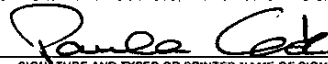


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90237 011 ***150.00

DOCUMENT # 274042 1. Entity Name LENNAR COMMERCIAL PROPERTIES, INC.					
Principal Place of Business 1601 WASHINGTON AVENUE SUITE 800 MIAMI BEACH, FL 33139 US			Mailing Address 1601 WASHINGTON AVENUE SUITE 800 MIAMI BEACH, FL 33139 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUBIN, SHELLY 1601 WASHINGTON AVENUE SUITE 800 MIAMI BEACH, FL 33139			Name Zena Dickstein Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Zena Dickstein <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> Vice President <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="text-align: center;"> 4/24/05 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERMAN, MICHAEL J 1601 WASHINGTON AVENUE SUITE 800 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Margaret A. Jordan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC LIEBERMAN, ARTHUR J 1601 WASHINGTON AVENUE SUITE 800 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC COOK, PAULA J 1601 WASHINGTON AVE STE 800 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBIN, SHELLY 1601 WASHINGTON AVENUE SUITE 800 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven N. Bjerke <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MILLER, STUART A. 700 NW 107TH AVE STE 400 MIAMI, FL 33172 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP Jeffrey P. Krasnoff 1601 Washington Ave., #800 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRASNOFF, JEFFREY P. 1601 WASHINGTON AVENUE SUITE 800 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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 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 attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Paula J. Cook <small>Date</small>		
			4/27/05 (305) 695-5500 <small>Daytime Phone #</small>		

14008690



04062005 Chg-P CR2E034 (10/03)

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

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