

# 2001 UNIFORM BUSINESS REGISTER

**A00000001964**

DOCUMENT #

A00000001964

1. Entity Name

**W/B LENNAR CORPORATE CENTER, LTD.**

Principal Place of Business

2665 South Bayshore Dr.  
Suite 1002  
Miami, Florida 33133

Mailing Address

2665 South Bayshore Dr.  
Suite 1002  
Miami, Florida 33133

**FILED**

01 MAY -1 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Schatz, Richard  
2200 Museum Tower  
150 West Flagler Street  
Miami, Florida 33130

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE) Registered Agent signature required when reinstating

DATE

9. Capital Contributions

as Shown on record. **\$99.00**

10. Amount of Capital Contributions

in FLORIDA to date. **\$99.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000115388  
NAME W/B Lennar Corporate Center Corp.  
STREET ADDRESS 2665 S. Bayshore Dr., Suite 1002  
CITY-ST-ZIP Miami, Florida 33133

STREET ADDRESS 100004274381--4  
CITY-ST-ZIP -05/21/01--01153--011  
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STREET ADDRESS  
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Warren P. Weiser*

WARREN P. WEISER

4/27/01

305-832-7342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)