


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:22

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT #A00000001964 1. Entity Name W/B LENNAR CORPORATE CENTER, LTD.	
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Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, SUITE 1002 MIAMI, FL 33133 <i>2121 Ponce de Leon Blvd. #1250</i> CORAL GABLES, FL 33134	Mailing Address <i>2121 Ponce de Leon Blvd</i> 2665 SOUTH BAYSHORE DRIVE SUITE 1002 #1250 MIAMI, FL 33133 CORAL GABLES, FL 33134
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04272006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1067975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHATZ, RICHARD 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	
DOCUMENT #	P00000115388
NAME	W/B LENNAR CORPORATE CENTER CORP.
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 1002
CITY-ST-ZIP	MIAMI, FL 33133
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100075026841
05/22/06--01040--029 **500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **4/28/06** **305-854-7342**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE