

2001 UNIFORM BUSINESS REPORT (UBR)

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AF

DOCUMENT # **A33092**

1. Entity Name

LENNAR FLORIDA PARTNERS I, L.P., LIMITED PARTNER

FILED

Principal Place of Business

**760 N.W. 107TH AVENUE, SUITE 400
MIAMI FL 33172**

Mailing Address

**760 N.W. 107TH AVENUE, SUITE 400
MIAMI FL 33172**

01 APR 25 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0347768

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEISURE COLONY MANAGEMENT CORP.
760 N.W. 107TH AVENUE
SUITE 300
MIAMI FL 33172**

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.

\$74,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **283779**
NAME **LEISURE COLONY MANAGEMENT CORP.**
STREET ADDRESS **700 N.W. 107TH AVENUE, SUITE 300**
CITY-ST-ZIP **MIAMI FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P39089**
NAME **MS FLORIDA CORPORATION**
STREET ADDRESS **1585 BROADWAY, 37TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10036**

STREET ADDRESS

CITY-ST-ZIP

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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

Lennar Florida Partners I, L.P., Limited Partnership
By: Leisure Colony Management Corp.

SIGNATURE:

RECEIVED REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ronald E. Schrager, VP

Date

(305) 220-4300

Daytime Phone #

CR2E003 (11/00)