

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 26 AM 11:55

#113



1. Name of Limited Partnership	1a. DOCUMENT # A92000000240
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LENNAR FLORIDA LAND V Q.A. GP, LTD.

Mailing Address 760 NW 107TH AVE., SUITE 400 MIAMI FL 33172		Principal Office Address 760 NW 107TH AVE., SUITE 400 MIAMI FL 33172		3. Date Formed or Registered 12/28/1992	5a. Capital Contributions as Shown on record \$990.00
				3a. Date of Last Report 12/29/1995	5b. Amount of Capital Contributions in FLORIDA to date:
				4. State or Country of Formation FL	
2. Mailing Address		2a. Principal Office Address		6. FEI Number 65-0377428 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
City & State		City & State			
Zip Country		Zip Country			

9. Name and Address of Current Registered Agent LENNAR FLORIDA LAND V Q.A., INC. 760 NW 107TH AVE., SUITE 400 MIAMI FL 33172	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620 1051 and 620 192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) LENNAR FLORIDA LAND V Q.A.,	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 760 NW 107TH AVE., SU	11b. City, State & Zip Code MIAMI FL 33172	11c. Registration/ Document Number P92000013984
2000002048712--8 -01/07/97--01122--011 ****191.25 ****191.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. By: **Lennar Florida Land V Q.A., Inc., its general partner**

SIGNATURE

Thomas F. Nealon III

DATE **12-18-96**

Typed or Printed Name of General Partner Signing Form

Thomas F. Nealon III, Assistant Secretary

Daytime Telephone Number

305-220-4300