FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

a. DOCUMENT # A92000000242

FILED

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SECRETARY OF STATE

L					
LENNAR FLORIDA LAND V Q.A., LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
780 NW 107TH AVE SUITE 400 760 NW 107TH AVE SUITE 400			12/28/1992	\$990.00	
MIAMI FL 33172	AMI FL 33172 MIAMI FL 33172		3a. Date of Last Report		
			12/26/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date: \$990 - 00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		
	City & State		65-0377427	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country		8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)	
		_ 	40		
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
LENNAR FLORIDA LAND V Q.A., INC.		Street Address (P.O. Box Number is Not Acceptable)			
760 NW 107TH AVE., SUITE 400 MIAMI FL 33172	<u> </u>		Suite, Apt. #, etc.		
INFAM (C GOTT 2		City Fil Zip Code			
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)	Address of Each General	Partner 11h	City, State & Zip Code	11c. Registration/ Document Number	
LENNAR FLORIDA LAND V Q.A., GP., LTD.	760 NW 107TH AVE., SU		AMI FL 33172	A92000000240	
•			1000027 -01/13/ ****14	7405413 (8 79601038003 1.25 ****141.25	
Note: General partners MAY NOT to 12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with Se	filing is voluntarily furnished and does not action 119.07(3)(k) in the event that the infi	qualify for the exemption ormation supplied is deen	stated in Section 119.07(3)(k), Florida S ned exempt from public access. I further	tatutes, I release the Division of certify that the information indicated on	
this annual report is true and accurate and that my signa empowered to execute this report as required by chapter SIGNATURE	ture shall have the same legal effects as if 620, Floride Statutes.	r made under oath. I furth	er certify that I am a General Partner of I	the limited partnership, receiver or trustee $12/4/98$	
Typed or Printed Name of General Partner Signing Form Lennar Florida Land V Q.A., Institute Telephone Number (305) 229-6692					