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		`	INESS REP	ORT	(UBR)	7				0005615
DOCUMENT# A9200000242 1. Entity Name					ķ		•			5 AF
LENNAR FLORIDA LAND V Q.A., LTD.						FILED				.,
Principal Place of Business Mailing Address			•	(1 APR 25	5 PH 12: 15				
760 NW 107TH AVE SUITE 400 MIAMI FL 33172		760 NW 107TH AVE SUITE 400 , MIAM! FL 33172		SECRETARY TALLAHASSI	EE, FLORIDA		21211 A1212 1204 1204			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Number	65-0377427		Applied For Not Applicable	}		
Zip	1	Country	Zip Country		ntry	5. Certificate of	of Status Desired	□ \$8.75 Fee Re	Additional quired	
	6. Name	and Address of Current	Registered Agent		Name	7. Name and A	Address of New Regi	stered Agent		$\frac{1}{2}$
LENNAR FLORIDA LAND V Q.A., INC. 760 NW 107TH AVE., SUITE 400				Street Address (P.O. Box Number	is Not Acceptable)				
MIAMI FL 33172]	
				City	FL Zip Code					
	,	submits this statement for	r the purpose of changing i	ts register	ed office or register	ed agent, or both	, in the State of Florida	i,		
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	OTE: Registere	d Agent signature required	when reinstating)		DATE		
Capital Contributions as Shown on record. Sygo.00 10. Amount of Capital Contributions in FLORIDA to date.					butions		11. MAKE CHECK P SEE REVERSE S]
ķ.	A	GENERAL PARTNER T General Partners MA	HAT IS A BUSINESS E	NTITY M	UST BE REGIST	TERED AND AC	TIVE WITH THIS C	FFICE.		1
12.		GENERAL PARTNEF		13.			ADDRESS CHANG			1
DOCUMENT # NAME STREET ADDRESS	A9200000240 LENNAR FLORIDA LAND V Q.A., GP, LTD. 760 NW 107TH AVE., SUITE 400			EET ADDRESS			:		03 (11/00)	
CITY-ST-ZIP	MIAMI FL			GILT	-51-21					CR2EOC
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CITY-ST-ZIP				CITY	-ST-ZIP					<u> </u> -
NAME STREET ADDRESS	}	•			ET ADDRESS					-
CITY-ST-ZIP	certify that the	information supplied with	this filing does not qualify f	or the eve	-ST-ZIP	ction 119 07/3///	Florida Statutos I fue	har cartify that	the information	
indicated the receiv	on this reporter or trustee Florida	is true and accurate and is true and courate and is empowered to execute this is Land VaA.	that my signature shall have report as required by Cha	e the same pter 620, F	e legal effect as if m Florida Statutes Downthers	hade under oath; t	hat I am a General Pa	rtner of the limit	ed partnership or	
SIGNAT	URE:	Lennarilly		法當時	zonalde	Schrage	er, VP	305)20	10-4300	!

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING GENERAL PARTNER