

# 2000 UNIFORM BUSINESS REPORT (UBR)

11150000  
IV

<b>DOCUMENT # A94000000233</b>			
1. Entity Name <b>LENNAR MOTE RANCH, LTD.</b>			
Principal Place of Business <b>700 NW 107TH AVENUE MIAMI FL 33172</b>		Mailing Address <b>700 NW 107TH AVENUE MIAMI FL 33172-3161</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>WATSKY, MORRIS J 700 NW 107TH AVENUE MIAMI FL 33172</b>			
<b>7. Name and Address of New Registered Agent</b>			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City <b>FL</b> Zip Code			

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:46



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0657430</b>		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$3,217,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>F97000005676 LL PARTNERS, INC. 700 NW 107TH AVE. MIAMI FL 33172</b>	STREET ADDRESS CITY - ST - ZIP	<b>400003136264--9 -02/15/00--01103--008 *****88.75 *****88.75</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>400003136264--9 -02/15/00--01103--009 ****437.50 ****437.50</b>
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CR2E003 (9/99)

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

**SIGNATURE:** **DAVID B. MCCAIN**  
VICE PRESIDENT

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_