

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 08:00 AM
Secretary of State

DOCUMENT # A94000000233

1. Entity Name
LENNAR MOTE RANCH, LTD.

Principal Place of Business 700 NW 107TH AVENUE MIAMI FL 33172	Mailing Address 700 NW 107TH AVENUE MIAMI FL 33172
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2. Principal Place of Business 700 NW 107TH AVENUE Suite, Apt. #, etc.	3. Mailing Address 700 NW 107TH AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-0657430	Applied For Not Applicable
Zip 33172	Country US	Zip 33172	Country US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WATSKY MORRIS J
 700 NW 107TH AVENUE
 MIAMI FL 33172 US

7. Name and Address of New Registered Agent

Name
MC CAIN DAVID BESQ.
 Street Address (P.O. Box Number is Not Acceptable)
 700 NW 107TH AVENUE
 City
 MIAMI **FL** Zip Code
 33172

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 **DAVID B. MCCAIN** DATE **02/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **3,217,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,217,500.00**

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	
DOCUMENT #	
NAME	LL PARTNERS, INC.
STREET ADDRESS	700 NW 107TH AVE.
CITY-ST-ZIP	MIAMI FL 33172
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 VS **02/28/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)