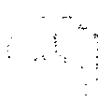


A97000002343



Janet English -  
**Lennar** Legal Dept.  
corporation

700 N.W. 107th Avenue • Miami, Florida 33172

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

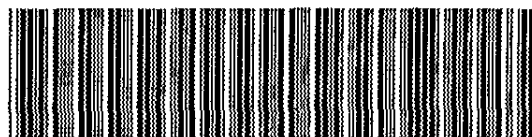
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUN - 2 2003

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. L/Cleve Holdings Limited Partnership  
Name of the limited partnership

2. October 28, 1997 3. A97000002343  
Date of filing/registration in Florida Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

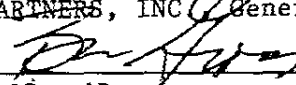
David B. McCain  
Name  
700 NW 107 Avenue  
Address  
Miami FL 33172  
City, State and Zip

5. The name and address of the new registered agent and/or office:

Benjamin P. Butterfield  
Name  
700 NW 107 Avenue  
Florida street address (P.O. Box not acceptable)  
Miami FL 33172  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

LL PARTNERS, INC General Partner

 President  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

  
Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00

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