


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

FILED

98 FEB -9 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>			FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>1. Name of Limited Partnership</b>		<b>1a. DOCUMENT #</b> <b>B94000000445</b>	
<b>LENNAR NORTHEAST PARTNERS LIMITED PARTNERSHIP</b>			
<b>Mailing Address</b> 600 PEACHTREE STREET, N.E. SUITE 3500 ATLANTA GA 30308		<b>Principal Office Address</b> 700 NW 107TH AVE. MIAMI FL 33172	
<b>2. Mailing Address</b> 101 Marietta Street Suite, Apt. #, etc. Suite 3600 City & State Atlanta GA Zip 30303	<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Country Fulton	<b>3. Date Formed or Registered</b> 11/03/1994 <b>3a. Date of Last Report</b> 01/27/1997 <b>4. State or Country of Formation</b> DE <b>5a. Capital Contributions as Shown on record.</b> \$55,312,786.66 <b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$61,718,054 <b>6. FEI Number</b> 58-2137279 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	



<b>9. Name and Address of Current Registered Agent</b> LENNAR NORTHEAST HOLDINGS, INC. 700 NW 107TH AVENUE MIAMI FL 33172	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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.**

<b>11. Name(s) of General Partner(s)</b> LENNAR NORTHEAST HOLDINGS, I MS NORTHEAST PARTNERS, INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 700 NW 107TH AVE. 1251 AVENUE OF THE AM	<b>11b. City, State &amp; Zip Code</b> MIAMI FL 33172 NEW YORK NY 10020	<b>11c. Registration/ Document Number</b> P94000072238 F94000005699
---	--	---	---

300002427433--1  
02/11/98--01035--010  
\*\*\*\*541.25 \*\*\*\*541.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by section 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Mark Griffith, Vice President

Daytime Telephone Number

12/29/97  
(404) 817-3919

CR2E003 (6/97)