

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 28 PM 4:53

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000228

LENNAR MAYFAIR LIMITED PARTNERSHIP

Mailing Address
**700 NW 107TH AVE.
MIAMI FL 33172**

Principal Office Address
**700 NW 107TH AVE.
MIAMI FL 33172**

3. Date Formed or Registered
06/22/1995

5a. Capital Contributions as
Shown on record.

20,642,350

3a. Date of Last Report
03/04/1996

5. Filed 12-26-96

5b. Amount of Capital
Contributions in FLORIDA
to date:

20,642,350

4. State or Country of Formation
DE

2. Mailing Address

600 Peachtree St., N.E.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

Suite 3500

City & State

Atlanta, GA

Zip

Country

30308

U.S.A.

Zip

Country

6. FEI Number
65-0588823

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.76 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**LENNAR MAYFAIR HOLDINGS, INC.
700 NW 107TH AVE.
MIAMI FL 33172**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)
2000002078773-2
02/05/97--01071--021

Suite, Apt. #, etc.

*******585.00 *****585.00**

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.**

11. Name(s) of General Partner(s)

**LENNAR MAYFAIR HOLDINGS, INC
TIGER MAYFAIR, L.L.C., L.C.**

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**700 NW 107TH AVE.
101 PARK AVE.**

11b. City, State & Zip Code

**MIAMI FL 33172
NEW YORK NY 10178**

11c. Registration/
Document Number

**P95000045958
M95000000149**

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 that 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 chapter 620, Florida Statutes.

SIGNATURE

Cy Boydston

DATE

Typed or Printed Name of General Partner Signing Form

Lory J. Boydston

Daytime Telephone Number

404 817-3910