

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**98 APR 27 PM 12:25**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
B96000000339

**LENNAR ATLANTIC PARTNERS  
LIMITED PARTNERSHIP**

Mailing Address

760 N.W. 107th Avenue  
Suite 400  
Miami, FL 33172

Principal Office Address

760 N.W. 107th Avenue  
Suite 400  
Miami, FL 33172

3. Date Formed or Registered

08/28/1996

5a. Capital Contributions as Shown on record

\$21,497,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date

\$20,950,487.00

4. State or Country of Formation

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0539938

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 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 Atlantic Holdings, Inc.  
760 N.W. 107th Avenue, Suite 400  
Miami, Florida 33172

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Applicable)

100002521001--3

Suite, Apt. #, etc.

05/12/98 01054-020

\*\*\*\*541.25 \*\*\*\*541.25

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)

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

11b. City, State & Zip Code

11c. Registration/Document Number

Lennar Atlantic Holdings, Inc.

760 N.W. 107th Ave.  
Suite 400

Miami, FL 33172

P94000083085

MS Atlantic Partners, Inc.

1585 Broadway, 37th Flr.

New York, NY 10036-8293

F96000004389

BCMSL Partners, L.P.

345 Park Avenue  
30th Floor

New York, NY 10154

B96000000338

**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.

By: Lennar Atlantic Holdings, Inc., a general partner

SIGNATURE

By:

*Thomas F. Nealon III*

DATE

4/22/98

Typed or Printed Name of General Partner Signing Form

Thomas F. Nealon III, Ass't Secretary

Daytime Telephone Number

305-220-4300

CR2E003 (6/97)