

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

05-13-1999 30013 010 ***150.00
F79071

FILED

99 AUG 12 PM 12: 28

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F79071 (9)
1. Corporation Name
LENNAR CORPORATE CENTER, INC.

Principal Place of Business Mailing Address

760 NW 107 Ave. 760 NW 107 Ave.
Suite 300 Suite 300
Miami, FL 33172 Miami, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/07/1982

4. FEI Number
59-2200697 Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

Shelly Rubin, VP
760 NW 107 Avenue
Suite 300
Miami, FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and except the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Leonard	1.2 NAME	Margaret Jordan
STREET ADDRESS	700 NW 107 Ave.	1.3 STREET ADDRESS	760 N.W. 107 Ave., Ste 300
CITY-ST-ZIP	Miami, FL 33172	1.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krasnoff, Jeffrey P.	2.2 NAME	
STREET ADDRESS	760 NW 107 Ave, Ste 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	2.4 CITY-ST-ZIP	
TITLE	DCEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sainton, Steven J.	3.2 NAME	
STREET ADDRESS	760 NW 107 Ave., Ste 314	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rubin, Shelly	4.2 NAME	
STREET ADDRESS	760 NW 107 Ave., Ste 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnett, Peta-Gay	5.2 NAME	
STREET ADDRESS	760 NW 107 Ave., Ste 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	5.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Stuart A.	6.2 NAME	SP
STREET ADDRESS	700 NW 107 Ave.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	6.4 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)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Jordan Margaret Jordan Treas. 4/26/99 305/485-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR2E034 (11/98)