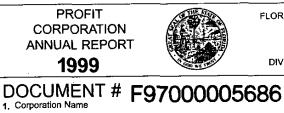
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

LNR LAND PARTNERS SUB, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90246 031 \*\*\*150.00

|--|

			_			
Principal Place of Business Mailing Address						
760 NW 107TH AVE. SUITE <del>100</del> 760 NW 107TH AVE. SUITE <del>10</del> MIAMI FL 33172 MIAMI FL 33172			<del>)0-</del>			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 10/29/1997
2. Principal Pl	ace of Business	2a. Mailing Address			-	4. FEI Number Applied For
21						65-0776456 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
$\sum_{i=1}^{\infty}$	ute 300	27 Suite 3	00	>		Fee Required
City & State	3	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Intangible
24	25	29 30	)			Personal Property Tax.
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
			[8	B1	Name	
RUBI	n, shelly		ļ.	82	Stroot Add	dress (P.O. Box Number is Not Acceptable)
760	NW 107TH AVE, SUITE 100			<b>°</b> 2		4300
, MIAN	N FL 33172		1	83		
			L			los Vis Codo
				84	City	FL 85 Zip Code
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was auth	orized i	by t	tne corporat	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered A	gent	signature requir	red when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DC	☐ DELETE	1.1 TITL	E		Change Addition
NAME	MILLER, STUART A		1.2 NAM	Æ		
STREET ADDRESS	700 NW 107TH AVE, SUITE 400	)	1.3 STR	EET.	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		1,4 CITY	y-ST	-ZIP	
TITLE	CEOD	☐ DELETE	2.1 TITL	E		☐ Change ☐ Addition
NAME	SAIONTZ, STEVEN J		2.2 NAM	Æ		
STREET ADDRESS	760 NW 107TH AVE, SUITE 100	1	2.3 STR	EET.	ADDRESS 4	Suite 314
CITY-ST-ZIP	MIAMI FL 33172		2. 4 CIT	Y-\$1		
TITLE	D	☐ DELETE	3.1 TITL	E	- I	Change Addition
NAME ,	MILLER, LEONARD		3.2 NAM	Æ		
STREET ADDRESS	700 NW 107TH AVE		3.3 STR	EET.	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		3.4. CIT	Y-ST	T-ZiP	
TITLE	P	☐ DELETE	44.770	-		Change ☐ Additio
NAME	KRASNOFF, JEFFREY P		4. 2 NA	ME		760 NW 107 AUF, Suite 300.
STREET ADDRESS			4.3 STR	REET	ADDRESS	760 NW 107 AUE, SIDE 500
CITY-ST-ZIP	MIAMI FL 33172		4.4 CIT	Y-ST	r-ZIP	
TITLE	V	☐ DELETE	5.1 TITE			Change Additio
NAME	RUBIN, SHELLY	_	5.2 NAM			` ^ _
STREET ADDRESS	760 NW 107TH AVE, SUITE 100	)	5.3 STR	REET	ADDRESS	suite 300
	MIAMI FL 33172	•	5.4 CIT			
CITY-ST-ZIP TITLE	S S	DELETE	6.1 TITE		-7	Change Addition
	SIMON, MICHELLE R	χ	6.2 NA	νE	'	JORDAN, MARGARET DICHANGE MAGNING. 760 NW 107 AVE, Ste 300
NAME	404 MADIETTA ST SHITE SEAD		,		ADDRESS	760 NW 107 Ave, Ste 300

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

6.4 CITY-ST-ZIP

SIGNATURE:

ATLANTA GA 30303

REMARGARET JORDAN, TREAS.

Mianit FL 33172