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TRANSMITTAL LETTER

SUBJECT: LNR Property Corporation (Name of corporation) DOCUMENT NUMBER: F97000005688 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shelly L. Rubin (Name of person) c/o LNR Property Corporation (Name of firm/company) 1601 Washington Avenue, 8th Floor (Address) Miami Beach, Florida 33139 (City/state and zip code) For further information concerning this matter, please call: Zena M. Dickstein (Name of person) (Area code & daytime telephone number) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section **Mailing Address:** Amendment Section Division of Corporations 409 E. Gaines Street Division of Corporations P.O. Box 6327

Tallahassee, FL 32399

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	of change is submitted for a corpo	2, 617.0502, 607.1508, or 617.1508, 1 oration organized under the laws of the gistered office or registered agent, or b	State of
of Florida.	-		
1. The name of	f the corporation: LNR Property Co	orporation	
2. The principa	al office address: 1601 Washington	n Avenue, 8th Floor, Mlami Beach, Florida	33139
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 10/29/9	7 Document number: F9	7000005688
	nd street address of the current reg artment of State:	istered agent and registered office on fi	
	Shelly L. Rubin		FS S
	760 NW 107th Avenue, Suite 300	0	CR 70
	Miami, Florida 33172		N 25 HASS
6. The name a changed):	and street address of the new reg	istered agent (if changed) and /or regi	
	1601 Washington Avenue, 8th Flo	oor	Dri O.
	(P.O. Box or persons	al mailbox NOT acceptable)	-
	Miami Beach, Florida 33139		. .
1 /1	(/	e street address of the business office of	
Such charge want authorized by t	as authorized by resolution duly he board, or the corporation has b	adopted by its board of directors or by been notified in writing of the change.	an officer so
Signature of an office	r, chairman of the board)	Shelly L. Rubin, Vice President (Printed or typed name and title)	
I hereby accept I further agree performance by registered after office adarets,	t the appointment as registered a to comply with) the provisions of f my duties, and I am familiar wit nt. Or, if this document is being f I hereby confirm that the corpore	gent and agree to act in this capacity. all statutes relative to the proper and th and accept the obligation of my post filed merely to reflect a change in the r ation has been notified in writing of th	complete ition as registered is change.
JVILL	Signature of Registered Agent)	(Date)	
if signing on beha		(Date)	
(Typed or Printed Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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