

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90170 002 \*\*\*150.00

<b>DOCUMENT # F97000005688</b> 1. Entity Name <b>LNR PROPERTY CORPORATION</b>					
Principal Place of Business <b>1601 WASHINGTON AVE. SUITE 800 MIAMI BEACH, FL 33139 US</b>			Mailing Address <b>1601 WASHINGTON AVE. SUITE 800 MIAMI BEACH, FL 33139 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RUBIN, SHELLY</b> <b>1601 WASHINGTON AVE.</b> <b>SUITE 800</b> <b>MIAMI BEACH, FL 33139</b>			Name <b>Zena Dickstein</b> Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>Zena Dickstein Vice President</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <b>MILLER, STUART A</b> <input checked="" type="checkbox"/> Delete		TITLE	V <b>Ronald E. Schrager</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>700 NW 107TH AVE STE 400</b>		NAME	<b>1601 Washington Ave., #800</b>	
STREET ADDRESS	<b>MIAMI, FL 33172</b>		STREET ADDRESS	<b>Miami Beach, FL 33139</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <b>SAIONTZ, STEVEN J</b> <input checked="" type="checkbox"/> Delete		TITLE	VD <b>Robert B. Cherry</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>848 BRICKELL AVENUE, #100</b>		NAME	<b>1601 Washington Ave., #800</b>	
STREET ADDRESS	<b>MIAMI, FL 33131</b>		STREET ADDRESS	<b>Miami Beach, FL 33139</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DP <b>KRASNOFF, JEFFREY P</b> <input type="checkbox"/> Delete		TITLE		
NAME	<b>1601 WASHINGTON AVE., SUITE 800</b>		NAME		
STREET ADDRESS	<b>MIAMI BEACH, FL 33139</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V <b>RUBIN, SHELLY</b> <input type="checkbox"/> Delete		TITLE	V <b>Steven N. Bjerke</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>1601 WASHINGTON AVE., SUITE 800</b>		NAME		
STREET ADDRESS	<b>MIAMI BEACH, FL 33139</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	AC <b>LIEBERMAN, ARTHUR J</b> <input type="checkbox"/> Delete		TITLE		
NAME	<b>1601 WASHINGTON AVE., SUITE 800</b>		NAME		
STREET ADDRESS	<b>MIAMI BEACH, FL 33139</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T <b>SHERMAN, MICHAEL J</b> <input type="checkbox"/> Delete		TITLE	T <b>Margaret A. Jordan</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>1601 WASHINGTON AVE STE 800</b>		NAME		
STREET ADDRESS	<b>MIAMI BEACH, FL 33139</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Steven N. Bjerke</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/29/05 <small>Date</small>		(305) 695-5500 <small>Residence Phone #</small>

20055649



04282005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0777234** Applied For ☐ Not Applicable ☐

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