

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90128 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000003317

1. Entity Name
LNR LAND PARTNERS SUB II, INC.



Principal Place of Business
**1601 WASHINGTON AVENUE, 8TH FLOOR
MIAMI BEACH, FL 33139**

Mailing Address
**1601 WASHINGTON AVENUE, 8TH FLOOR
MIAMI BEACH, FL 33139**

11030967



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1983925

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBIN, SHELLY
1601 WASHINGTON AVENUE, 8TH FLOOR
MIAMI BEACH, FL 33139**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **MILLER, LEONARD**
STREET ADDRESS **700 N.W. 107TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **D** ☐ Delete
NAME **MILLER, STUART A**
STREET ADDRESS **700 NW 107TH AVE**
CITY-ST-ZIP **DAVIE, FL 33172**

TITLE **VP** ☐ Delete
NAME **RUBIN, SHELLY**
STREET ADDRESS **760 N.W. 107TH AVENUE, SUITE 300**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **P** ☐ Delete
NAME **KRASNOFF, JEFFREY P**
STREET ADDRESS **760 N.W. 107TH AVENUE, SUITE 300**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **AC** ☐ Delete
NAME **LIEBERMAN, ARTHUR J**
STREET ADDRESS **760 NW. 107TH AVE. SUITE 300**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **T** ☐ Delete
NAME **JORDAN, MARGARET**
STREET ADDRESS **760 NW 107TH AVE. SUITE 300**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☒ Change ☐ Addition
NAME
STREET ADDRESS **700 NW 107th Ave., Suite 400**
CITY-ST-ZIP **Miami, FL 33172**

TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1601 Washington Ave., Suite 800**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1601 Washington Ave., Suite 800**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1601 Washington Ave., Suite 800**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **JORDAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1601 Washington Ave., Suite 800**
CITY-ST-ZIP **Miami Beach, FL 33139**

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:

Arthur J. Lieberman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 695/695-5500
Date Daytime Phone #

CR2EC034 (10/02)