

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000003319**1. Entity Name
LENNAR LAND PARTNERS SUB II, INC.

Principal Place of Business

700 N.W. 107TH AVENUE

MIAMI
33172

FL

Mailing Address

700 N.W. 107TH AVENUE

MIAMI
33172

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

88-0429001

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCAIN DAVID B
700 N.W. 107TH AVENUEMIAMI FL
33172

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ **01/11/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☐ Delete
NAME MALCOM WAYNEWRIGHT
STREET ADDRESS 700 N.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE VPT ☒ Change ☐ Addition
NAME MALCOM WAYNEWRIGHT
STREET ADDRESS 700 N.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE S ☐ Delete
NAME MCCAIN DAVID B
STREET ADDRESS 700 N.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE VPS ☒ Change ☐ Addition
NAME MCCAIN DAVID B
STREET ADDRESS 700 N.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE DVP ☐ Delete
NAME KRASSNOFF JEFFREY P
STREET ADDRESS 760 N.W. 107TH AVENUE, SUITE 300
CITY-ST-ZIP MIAMI FL 33172TITLE DVP ☒ Change ☐ Addition
NAME PEKOR ALLAN J
STREET ADDRESS 730 N.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE DVP ☐ Delete
NAME RUBIN SHELLY
STREET ADDRESS 760 N.W. 107TH AVE., SUITE 300
CITY-ST-ZIP MIAMI FL 33172TITLE DVP ☒ Change ☐ Addition
NAME BESSETTE DIANE
STREET ADDRESS 700 N.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE DVP ☐ Delete
NAME SEVORY MARK
STREET ADDRESS 8190 STATE ROAD 84
CITY-ST-ZIP DAVIE FL 33172TITLE DVP ☒ Change ☐ Addition
NAME GROSS BRUCE
STREET ADDRESS 700 N.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE DP ☐ Delete
NAME GROSS BRUCE
STREET ADDRESS 700 N.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE DP ☒ Change ☐ Addition
NAME MILLER STUART A
STREET ADDRESS 700 N.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL 33172

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David B. McCain

VPS

01/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)