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2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012290

FILED

03 APR 25 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Entity Name

SFB 1998-C1 SARASOTA, LLC

Principal Place of Business	Mailing Address
760 NW 107TH AVE., SUITE 400 C/O LENNAR PARTNERS, INC. MIAMI FL 33172	760 NW 107TH AVE., SUITE 400 C/O LENNAR PARTNERS, INC. MIAMI FL 33172

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
c/o Lennar Partners, Inc	Same as # 2
Suite, Apt. #, etc.: 1601 Washington Avenue #700	Suite, Apt. #, etc.:
City & State: Miami Beach, Florida	City & State:
Zip: 33139 Country: U.S.A	Zip: Country:

4. FEI Number 65-1125021 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

BK

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

[redacted]

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENNAR PARTNERS, INC. 760 NW 107TH AVE., SUITE 400 MIAMI FL 33172 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Lennar Partners, Inc. 1601 Washington Ave., Suite 700 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800018574668 05/09/03--01059--018 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Lennar Partners Inc., a Florida Corporation, its manager

SIGNATURE: [signature] Ronald E Schrager, Vice President 04/24/03 305 695-5126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #