LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013179

1. Entity Name

CSFB 1998-P1 Miami, LLC

FILED
2002 SEP 25 PM 1:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
760 NW 107th Ave.	760 NW 107th Ave.
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: Miami, FL	City & State: Miami, FL
Zip: 33172 Country: USA	Zip: 33127 Country: USA

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4. FEI Number 65-1130187 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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: PETER F. SOUZA ASSISTANT SECRETARY DATE: 9/25/02

Signature of Typed or Printed Name of Registered Agent and Title if Applicable

100008125441--8
-10/01/02--01028--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager
NAME	Lennar Partners, Inc.
STREET ADDRESS	760 NW 107th Ave., Suite 400
CITY-ST-ZIP	Miami, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E038 (12/01)

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: Ronald E. Schrager, VP 9/25/02 305-220-4300

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