APR-25-2003 13:15 C T CORPORATION P.08/14

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

OCUMENT # L01000013179

Entity Name

SFB 1998-P1 MIAMI, LLC

FILED
03 APR 25 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ncipal Place of Business	Mailing Address
N.W. 107TH AVE. SUITE 400 NNAR PARTNERS, INC. MI FL 33172	760 N.W. 107TH AVE. SUITE 400 % LENNAR PARTNERS, INC. MIAMI FL 33172

Principal Place of Business	3. Mailing Address
c/o Lennar Partners, Inc	Same as #2
Suite, Apt. #, etc. 01 Washington Ave, # 700	Suite, Apt. #, etc.
City & State Miami Beach, Florida	City & State
Zip 33139 / Country U.S.A.	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1130187 ☐ 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

. 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] 000018674720
/09/03--01059--020 **50.00

MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☒ Delete	TITLE	Manager	☒ Change ☐ Addition
NAME	LENNAR PARTNERS, INC.		NAME	Lennar Partners, Inc.	
STREET ADDRESS	760 N.W. 107TH AVE. SUITE 400		STREET ADDRESS	1601 Washington Ave., Suite 700	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 #