2000 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005865

1. Entity Name

CCMSC 2000-1 BROWARD PLAZA, LLC

FILED

03 APR 25 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
760 N.W. 107TH AVE. SUITE 400 MIAMI FL 33172	760 N.W. 107TH AVE. SUITE 400 MIAMI FL 33172

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☑ 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:

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] 400018675104
[redacted] /09/03--01059--037 **50.00

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