

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000286

Entity Name: LNR DEVELOPMENT, LLC

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

1601 WASHINGTON AVENUE, STE. 800
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1601 WASHINGTON AVENUE, STE. 800
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKSTEIN, ZENA M
1601 WASHINGTON AVENUE, STE. 800
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHERRY, ROBERT B
Address: 1601 WASHINGTON AVENUE, STE. 800
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: KRANSOFF, JEFFREY P
Address: 1601 WASHINGTON AVENUE, STE. 800
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: SCHRAGER, RONALD E
Address: 1601 WASHINGTON AVENUE, STE. 800
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: ZENA DICKSTEIN

V

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date