2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# M06000000286

Entity Name: LNR DEVELOPMENT, LLC

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITLOW, JAMES
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: PD ( ) Delete
Name: TEAM, DAVID O
Address: 4350 VON KARMAN AVENUE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VD ( ) Delete
Name: SHERMAN, PAUL
Address: 1601 WASHINGTON AVENUE, STE. 800
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD ( ) Delete
Name: SANDERS, DANA S
Address: 4350 VON KARMAN AVENUE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: T ( ) Delete
Name: JORDAN, MARGARET
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:

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: S. SIMONS AS ATTORNEY-IN-FACT D 06/24/2009

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