2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# M06000004830

Entity Name: LNR CPI FUND GP, LLC

Current Principal Place of Business:

1601 WASHINGTON AVENUE, SUITE 800
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1601 WASHINGTON AVENUE, SUITE 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:

LNR PROPERTY CORPORATION
1601 WASHINGTON AVENUE, SUITE 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:	KRASNOFF, JEFFREY P	
Address:	1601 WASHINGTON AVENUE, SUITE 800	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	MGR	( ) Delete
Name:	SCHRAGER, RONALD E	
Address:	1601 WASHINGTON AVENUE, SUITE 800	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	MGR	( ) Delete
Name:	CHERRY, ROBERT B	
Address:	1601 WASHINGTON AVENUE, SUITE 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 04/25/2007

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