

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004830

Entity Name: LNR CPI FUND GP, LLC

FILED  
Jun 24, 2009  
Secretary of State

## 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 ( )  
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:

## Name and Address of New Registered Agent:

LNR PROPERTY CORPORATION  
1601 WASHINGTON AVENUE, SUITE 800  
MIAMI BEACH, FL 33139 US

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, SUITE 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, 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:

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