

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000028218

1. Entity Name
LNR 2000 FUND I MM, INC.



FILED

06 JAN 11 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1601 WASHINGTON AVE., STE 800 MIAMI BEACH, FL 33139	Mailing Address 1601 WASHINGTON AVE., STE 800 MIAMI BEACH, FL 33139
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2. Principal Place of Business 6420 SW Macadam Avenue Suite, Apt. #, etc. Suite 100	3. Mailing Address 6420 SW Macadam Avenue Suite, Apt. #, etc. Suite 100
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01092006 Chg-P CR2E034 (11/05)

City & State Portland, OR 97239	City & State Portland, OR 97239
Zip 97239	Country USA

4. FEI Number 65-1001889	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

RUBIN, SHELLY
1601 WASHINGTON AVE., STE 800
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
CI Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

600064515406

01/25/06 01035 007 **150.00

City
Plantation

FL 33324

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: Bonnie Bryan Special Agent Sec'y 1/11/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May/25/06--01035--007 **150.00

10. OFFICERS AND DIRECTORS	
TITLE DC	<input checked="" type="checkbox"/> Delete
NAME KRANSOFF, JEFFREY P.	
STREET ADDRESS 1601 WASHINGTON AVE., # 800	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE AC	<input type="checkbox"/> Delete
NAME LIEBERMAN, ARTHUR J	
STREET ADDRESS 1601 WASHINGTON AVE., STE 800	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME DICKSTEIN, ZENA	
STREET ADDRESS 1601 WASHINGTON AVE., STE 800	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME BJERKE, STEVEN N.	
STREET ADDRESS 1601 WASHINGTON AVE., STE 800	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE AC	<input checked="" type="checkbox"/> Delete
NAME COOK, PAULA J	
STREET ADDRESS 1601 WASHINGTON AVENUE, SUITE 800	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Rodney F. Emery	
STREET ADDRESS 6420 SW Macadam Ave., #100	
CITY-ST-ZIP Portland, OR 97239	
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME R. Kyle Winning	
STREET ADDRESS 6420 SW Macadam Ave., #100	
CITY-ST-ZIP Portland, OR 97239	
TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Christopher M. Hilbert	
STREET ADDRESS 6420 SW Macadam Ave., Suite 100	
CITY-ST-ZIP Portland, OR 97239	
TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Dinesh Davar	
STREET ADDRESS 6420 SW Macadam Ave., Suite 100	
CITY-ST-ZIP Portland, OR 97239	
TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Ana Marie del Rio	
STREET ADDRESS 6420 SW Macadam Ave., Suite 100	
CITY-ST-ZIP Portland, OR 97239	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Ana Marie del Rio Ana Marie del Rio 949.852.0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #