

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

2. Principal Place of Business
6420 SW Macadam Avenue

3. Mailing Address
6420 SW Macadam Avenue

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Portland, OR 97239

City & State
Portland, OR 97239

Zip
97239

Country
USA

Zip
97239

Country
USA

01092006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1001889

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

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

City
Plantation

Zip Code
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 Secy 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 1/25/06--01035--007 **\$150.00
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DC
KRANSOFF, JEFFREY P. ☒ Delete
1601 WASHINGTON AVE., # 800
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AC
LIEBERMAN, ARTHUR J ☒ Delete
1601 WASHINGTON AVE., STE 800
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
DICKSTEIN, ZENA ☒ Delete
1601 WASHINGTON AVE., STE 800
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
BJERKE, STEVEN N. ☒ Delete
1601 WASHINGTON AVE., STE 800
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AC
COOK, PAULA J ☒ Delete
1601 WASHINGTON AVENUE, SUITE 800
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

C/D
Rodney F. Emery ☐ Change ☒ Addition
6420 SW Macadam Ave., #100
Portland, OR 97239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
R. Kyle Winning ☐ Change ☒ Addition
6420 SW Macadam Ave., #100
Portland, OR 97239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
Christopher M. Hilbert ☐ Change ☒ Addition
6420 SW Macadam Ave., Suite 100
Portland, OR 97239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T/D
Dinesh Davar ☐ Change ☒ Addition
6420 SW Macadam Ave., Suite 100
Portland, OR 97239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S/D
Ana Marie del Rio ☐ Change ☒ Addition
6420 SW Macadam Ave., Suite 100
Portland, OR 97239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 949.852.0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #