

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90128 017 ***150.00

DOCUMENT # P00000028218

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



Principal Place of Business
**760 N.W. 107TH AVENUE
SUITE 300
MIAMI FL 33172**

Mailing Address
**760 N.W. 107TH AVENUE
SUITE 300
MIAMI FL 33172**

11030984



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1601 Washington Ave., Suite 800
Miami Beach, FL 33139**

**1601 Washington Ave., Suite 800
Miami Beach, FL 33139**

CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**RUBIN, SHELLY
760 N.W. 107TH AVENUE
SUITE 300
MIAMI FL 33172**

Name

1601 Washington Ave., Suite 800
Miami Beach, FL 33139

FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD		NAME		
STREET ADDRESS	700 N.W. 107TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIONTZ, STEVEN J		NAME		
STREET ADDRESS	760 N.W. 107TH AVENUE SUITE 300		STREET ADDRESS	848 Brickell Avenue, #100	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, STUART A		NAME		
STREET ADDRESS	700 N.W. 107TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
TITLE	AC	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, ARTHUR J		NAME		
STREET ADDRESS	760 NW 107TH AVENUE STE 300		STREET ADDRESS	1601 Washington Ave., Suite 800	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSTEIN, ZENA		NAME		
STREET ADDRESS	760 NW 107TH AVENUE STE 300		STREET ADDRESS	1601 Washington Ave., Suite 800	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, SHELLY		NAME		
STREET ADDRESS	760 NW 107TH AVENUE STE 300		STREET ADDRESS	1601 Washington Ave., Suite 800	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	Miami Beach, FL 33139	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Arthur J. Lieberman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **355/695-5500**
Date Daytime Phone #

CR2E034 (10/02)