

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 JAN 11 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P0000051531 1. Entity Name LNR 2001 FUND I MM, INC.					
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		City & State Portland, OR		4. FEI Number 65-1011334	
Zip 97239		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road 400064516174 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: <u>Cornie Boyer Special Asst. Secy</u> DATE: <u>1/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <u>400064516174</u> <u>01/25/06--01035--011</u> *\$8.75		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE C NAME BJERKE, STEVEN STREET ADDRESS 1601 WASHINGTON AVE, #800 CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE C/D NAME Rodney F. Emery STREET ADDRESS 6420 SW Macadam Ave., #100 CITY-ST-ZIP Portland, OR 97239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE C NAME KRASNOFF, JEFFREY P STREET ADDRESS 1601 WASHINGTON AVE, #800 CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE P NAME R. Kyle Winning STREET ADDRESS 6420 SW Macadam Ave., #100 CITY-ST-ZIP Portland, OR 97239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AC NAME LIEBERMAN, ARTHUR STREET ADDRESS 1601 WASHINGTON AVE STE 800 CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE T/D NAME Dinesh Davar STREET ADDRESS 6420 SW Macadam Ave., #100 CITY-ST-ZIP Portland, OR 97239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME DICKSTEIN, ZENA STREET ADDRESS 1601 WASHINGTON AVE STE 800 CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Christopher M. Hilbert STREET ADDRESS 6420 SW Macadam Ave., #100 CITY-ST-ZIP Portland, OR 97239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME JORDAN, MARGARET A STREET ADDRESS 1601 WASHINGTON AVE STE 800 CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE S/D NAME Ana Marie del Rio STREET ADDRESS 6420 SW Macadam Ave., #100 CITY-ST-ZIP Portland, OR 97239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AC NAME COOK, PAULA J STREET ADDRESS 1601 WASHINGTON AVE., STE 800 CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Ana Marie del Rio Date: 949.852.0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #