

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90252 015 ***150.00

DOCUMENT # P00000115388
 1. Entity Name
 W/B LENNAR CORPORATE CENTER CORP.



Principal Place of Business ~~2121 Ponce de Leon Blvd.~~ Mailing Address ~~2121 Ponce de Leon Blvd.~~
 2665 SOUTH BAYSHORE DRIVE #1002 #1250 2665 SOUTH BAYSHORE DRIVE #1002 #1250
 MIAMI, FL 33133 MIAMI, FL 33133
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Blvd., **50018783**



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04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1068224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHATZ, RICHARD E
 2200 MUSEUM TOWER
 150 WEST FLAGLER STREET
 MIAMI, FL 33130

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISER, WARREN P 2665 SOUTH BAYSHORE DRIVE MIAMI, FL 33133
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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: Warren P. Weiser **WARREN P. WEISER** 4/28/06 305-854-7342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #