

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006113

FILED
Apr 28, 2006
Secretary of State

Entity Name: LENNAR INSURANCE SERVICES, INC.

Current Principal Place of Business:

700 NW 107 AVE.
SUITE 400
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

700 NW 107 AVE.
SUITE 400
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 65-1122290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCH () Delete
Name: PEKOR, ALLAN J
Address: 700 NW 107 AVE., SUITE 100
City-St-Zip: MIAMI, FL 33172 US

Title: DP () Delete
Name: NIGRELLI, JOHN S
Address: 700 NW 107 AVE., SUITE 300
City-St-Zip: MIAMI, FL 33172 US

Title: DV () Delete
Name: KAMINSKY, NANCY
Address: 730 NW 107 AVE., SUITE 300
City-St-Zip: MIAMI, FL 33172 US

Title: V () Delete
Name: THIBODEAUX, MICHAEL
Address: 10707 CLAY ROAD
City-St-Zip: HOUSTON, TX 77041 US

Title: VST () Delete
Name: MUNOZ, JANICE
Address: 700 NW 107 AVENUE SUITE 300
City-St-Zip: MIAMI, FL 33172 US

Title: D () Delete
Name: MCCAIN, DAVID B
Address: 700 NW 107TH AVENUE SUITE 300
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/VP (X) Change () Addition
Name: KAMINSKY, NANCY
Address: 730 NW 107 AVE., SUITE 300
City-St-Zip: MIAMI, FL 33172 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVT (X) Change () Addition
Name: MUNOZ, JANICE
Address: 700 NW 107 AVENUE SUITE 300
City-St-Zip: MIAMI, FL 33172 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE MUNOZ

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04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date