

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006113

FILED
Mar 31, 2011
Secretary of State

Entity Name: LENNAR INSURANCE SERVICES, INC.

Current Principal Place of Business:

700 NW 107 AVE.
SUITE 300
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

700 NW 107 AVE.
SUITE 300
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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: KAISERMAN, DAVID
Address: 700 NW 107 AVE., SUITE 300
City-St-Zip: MIAMI, FL 33172 US

Title: DVS
Name: SUSTANA, MARK
Address: 700 NW 107 AVE., SUITE 400
City-St-Zip: MIAMI, FL 33172 US

Title: V
Name: WEST, PATRICIA
Address: 700 NW 107 AVE., SUITE 300
City-St-Zip: MIAMI, FL 33172

Title: CONT
Name: PARDO, CRISTINA
Address: 700 NW 107 AVE., SUITE 300
City-St-Zip: MIAMI, FL 33172

Title: T
Name: BESSETTE, DIANE
Address: 700 NW 107 AVENUE SUITE 400
City-St-Zip: MIAMI, FL 33172 US

I hereby 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 all other like empowered.

SIGNATURE: MARK SUSTANA

DVS

03/31/2011

Electronic Signature of Signing Officer or Director

Date