

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90128 012 \*\*\*150.00

**DOCUMENT # P01000012041**

1. Entity Name  
~~LNR RIVER POINTE LIMITED, INC.~~ **NAME CHANGE**

**Lennar Partners Europa Associates Management, Inc.**

Principal Place of Business  
760 N.W. 107TH AVENUE  
SUITE 300  
MIAMI FL 33176

Mailing Address  
760 N.W. 107TH AVENUE  
SUITE 300  
MIAMI FL 33176

2. Principal Place of Business

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

3. Mailing Address

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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1076453**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUBIN, SHELLY**  
**760 N.W. 107TH AVENUE**  
**SUITE 300**  
**MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MILLER, LEONARD</b>	
STREET ADDRESS	<b>700 N.W. 107TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAJONTZ, STEVEN J</b>	
STREET ADDRESS	<b>760 N.W. 107TH AVENUE, SUITE 314</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, STUART A</b>	
STREET ADDRESS	<b>700 N.W. 107TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KRASNOFF, JEFFREY P</b>	
STREET ADDRESS	<b>760 NW 107 AVE, STE 300</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RUBIN, SHELLY</b>	
STREET ADDRESS	<b>760 NW 107 AVE., STE 300</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>AC</b>	<input type="checkbox"/> Delete
NAME	<b>LIEBERMAN, ARTHUR</b>	
STREET ADDRESS	<b>760 N.W. 107 AVE., STE 300</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>848 Brickell Ave #400</b>	
STREET ADDRESS	<b>Miami, FL 33131</b>	
CITY-ST-ZIP		
TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1601 Washington Ave., Suite 800</b>	
STREET ADDRESS	<b>Miami Beach, FL 33139</b>	
CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1601 Washington Ave., Suite 800</b>	
STREET ADDRESS	<b>Miami Beach, FL 33139</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1601 Washington Ave., Suite 800</b>	
STREET ADDRESS	<b>Miami Beach, FL 33139</b>	
CITY-ST-ZIP		

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

**4/25/03 305/695-5500**  
Date Daytime Phone #

CR2E034 (10/02)