P0100001204=

1		
(F	Requestor's Name)	
(/0	(ddress)	
(A	(ddress)	
(C	City/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	Business Entity Nar	nel
ν	daniesa Entity (40)	ne,
	ocument Number)	
(5	ocument Number)	
0-25 10 1	o un .	·
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	-	

Office Use Only



200009181422

11/25/02--01003--011 **3500.00

02 NOV 25 PM 2: 44
SECRETARY OF STATE
AND ANIASSEE, FLORID

12/3/02 Spanse RO

chan se

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LNR Whispering Oaks Limited, Inc.
(Name of corporation)
DOCUMENT NUMBER: P01000012043
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Shelly L. Rubin
(Name of person)
c/o LNR Property Corporation
(Name of firm/company)
1601 Washington Avenue, 8th Floor
(Address)
Miami Beach, Florida 33139
(City/state and zip code)
For further information concerning this matter, please call:
Zena M. Dickstein at (305) 485-2098 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	of change is submitted for a corpora	617.0502, 607.1508, or 617.1508, Flora tion <u>org</u> anized under the laws of the Stat tered office or registered agent, or both,	e of
of Florida. 1. The name of	the corporation: LNR Whispering O	_	
2. The principa	I office address: 1601 Washington A	Avenue, 8th Floor, Miami Beach, Florida 33	139
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 2/1/01	Document number: P01000	0012043
	ertment of State:	ered agent and registered office on file w	ith the
	Shelly L. Rubin 760 NW 107th Avenue, Suite 300		
	Mlami, Florida 33172		
6. The name a changed):	nd street address of the new regist Shelly L. Rubin	ered agent (if changed) and /or register	
	1601 Washington Avenue, 8th Floor		02 NOV SECRET
	Miami Beach, Florida 33139	nailbox NOT acceptable)	%> N
- 1 1 -	1 /	street address of the business office of its	s restricted 3
/Yu0	h.L.	lopted by its board of directors or by an open notified in writing of the change. Shelly L. Rubin, Vice President	office State of the State of th
I hereby accept I further abree performatice of registered ager office address,	t, chilimator vice chairman of the board) the appointment as registered age to controlly with the provisions of al my duties, and I am familiar with at. Or if this document is being file I hereby confirm that the corporati	(Frinted or typed name and title) ent and agree to act in this capacity. It statutes relative to the proper and com and accept the obligation of my position ed merely to reflect a change in the regis ion has been notified in writing of this cl	plete i as stered hange.
If signing on beha	Ignature of Registered Agent) If of an entity: Typed or Printed Name)	(Date)	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

