

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000110937

FILED
Feb 10, 2003
Secretary of State

Entity Name: LENNAR COMMUNITIES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

700 N.W. 107 AVENUE
MIAMI, FL 33172 US

New Principal Place of Business:

700 N.W. 107 AVENUE
SUITE 400
MIAMI, FL 33172 US

Current Mailing Address:

700 N.W. 107 AVENUE
MIAMI, FL 33172 US

New Mailing Address:

700 N.W. 107 AVENUE
SUITE 400
MIAMI, FL 33172 US

FEI Number: 02-0543702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCAIN, DAVID B
700 N.W. 107 AVENUE
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

MCCAIN, DAVID B
700 N.W. 107 AVENUE
SUITE 400
MIAMI, FL 33172 US

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: DAVID B. MCCAIN

02/10/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: MILLER, LEONARD
Address: 700 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: DP () Delete
Name: MILLER, STUART A
Address: 700 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: DV () Delete
Name: GROSS, BRUCE
Address: 700 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: DAS () Delete
Name: PEKOR, ALLAN J
Address: 700 N.W. 107TH AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: DV () Delete
Name: BESSETT, DIANE
Address: 700 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MILLER, STUART A
Address: 700 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: VT (X) Change () Addition
Name: MALCOLM, WAYNEWRIGHT
Address: 700 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

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

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

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

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 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 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: DAVID B. MCCAIN

VS

02/10/2003

Electronic Signature of Signing Officer or Director

Date