P02000111420

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dualited Little Ivality)					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:	7				
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R.A. Charge B. Consultano DEC 1 6 2004

CT Corporation System	660 E. Jefferson St., Tallahassee, f	FL, 32301 850-222-1092
Lennar Developers, Inc. II		
() Profit	() Amendment	() Merger
() Nonprofit	· ·	
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership	() Annual Report	() Other
() LLC	() Name Registration	Change of RA
	() Fictitious Name	() UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		
Name	10(14/0004	0.1. //
Name Availability	12/14/2004	Order#: 6244755
Document	AAM	
Examiner		Ref#:
Updater		
Verifier		
W.P. Verifier		Amount: \$

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

	•		02, 607.1508, or 617.1508,	
this statement of Florida	, ,	•	ganized under the laws of the fice or registered agent, or	-
of Florida.	in order to cha	nge us registereu og	fice or registered agent, or	oom, in the state
•	the corporation: Lenna	r Developers, Inc. II		
	al office address: 700 N		FL 33172	04 SEC
				DEC RE1
3. The mailing	address (if different):_	700 NW 107 Avenue, N	/liami. FL 33172	ASSET OF
4. Date of inco	rporation/qualification:	10/16/2002	Document number: P02	2000111420
	nd street address of the cartment of State:	current registered ag	ent and registered office on	file with the
		Benjamin P. Butterfie	ld, Esq.	_
	7	00 NW 107th Avenue,	Suite 400	
		Miami, FL 3317	72	<u> </u>
6. The name a changed):	and street address of th	e new registered as	gent (if changed) and /or re	gistered office (if
changed).		C T Corporation Sy	ystem	
		c/o C T Corporation	System	
		. Box or personal mailbox No	OT acceptable)	_
		Pine Island Road, Plan		
			ddress of the business office	
Such change vauthorized by	was authorized by resol the board, or the corpo	ration has been noti	by its board of directors or he fied in writing of the change	е.
(Signature of an office	er, chairman or vice chairman of	he board)	. Chaist An Man (Printed or typed name and title)	lin VP
I harahy acces	nt the appointment as r	eaistered agent and	agree to act in this capacity tes relative to the proper an ecept the obligation of my po ely to reflect a change in the s been notified in writing of	y. d complete osition as e registered this change.
C'	T Corporation System			
By:	(Signature of Registered Agent)		12/13/04 (Date)	
If signing on beh	9	CONNIE BRYAN SPECIAL ASSISTAN		
	(Typed or Printed Name)		(Capacity)	

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

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