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Lennar Developers, Inc. III		
		<u> </u>
<u> </u>		
() Profit () Nonprofit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other Change of RA () UCC
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		•	17.0302, 607.1308, or 617.1 on organized under the laws	,	
Florida	in order to cha	inge its registe	red office or registered agen	t, or both, in	the State
of Florida.					
1. The name of t	the corporation: Lenn	ar Developers, In-	e. III	——AES	<u>_2</u>
2. The principal	office address: 700 h	W 107 Avenue,	Miami FL 33172	全部	
• •				ASS	FIL
2 The mailing a	ddress (if different):_	700 NW 107 Ave	onue Miami FI 33172		3 0
5. THE MARILING A	ddiess (if different)	7001111 107 141	into, mani. 1 2 331 / 2		ŧ.
4 Data of incom		. 10/16/2002	Dogument numbo	P0200011143	5
4. Date of incorp	ooration/qualification	10/10/2002	Document number	F 10200011143	
	I street address of the tment of State:		red agent and registered offic	e on file with t	the
_		Benjamin P. Bu	itterfield, Esq.		
_		700 NW 107th A	venue, Suite 400		
_		Miami, F	L 33172		
6. The name an changed):	d street address of the	ne new register	red agent (if changed) and /	or registered (office (if
onungou).		C T Corporat	tion System		
		c/o C T Corpo	ration System		
-		-	ibox NOT acceptable)		
-	1200 South	Pine Island Road	l, Plantation, Florida 33324		
The street addre	ess of its registered of ed will be identical.	fice and the st	reet address of the business of	office of its reg	gistered
Such change was authorized by the	as authorized by resolute board, or the corpo	lution duly ado ration has been	pted by its board of directors in otified in writing of the cl	s or by an officiange.	cer so
	chairman or vice chairman of		C. Chartan Me	•	P
I hereby accept I further agree to performance of registered agen office address, i	the appointment as r	egistered agen	t and agree to act in this cap statutes relative to the prope nd accept the obligation of n I merely to reflect a change n has been notified in writin	pacity. er and comple	te ed ge.
Ву: (Marie Breeze		12113	104	
(S	ignature of Registered Agent)		(Date)		_
If signing on behal	f of an entity:	CONNIE BR	YAN STANT SECRETARY		
(7	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 * * *