P03000014810

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Lennar-Kings Lake, Inc.		
		·_ · · · · · · · · · · · · · · · · · ·
() Profit	() Amendment	() Merger
() Nonprofit		
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership	() Annual Report	() Other
() LLC	() Name Registration	(X) Change of RA
•	() Fictitious Name	() UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready	() Call If Problem	() After 4:30
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W.P. Verifier		Amount: \$

850-222-1092

CT Corporation System 660 E. Jefferson St., Tallahassee, FL, 32301

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

	=		l, 607.1508, or 617.1508, . nized under the laws of the	
Florida			ce or registered agent, or i	-
of Florida.				
1. The name of the	ne corporation: Len	nar-Kings Lake, Inc.		\$ 85 <u>4</u>
2. The principal of	office address: 700	NW 107th Avenue, Miami	FL 33172	DEC 15 RETARNAHASS
3. The mailing ac	ldress (if different):			PH H
4. Date of incorp	oration/qualification	n: <u>02/06/2003</u>	Document number: P03	근 글 스 000014810
	street address of the	e current registered agen	at and registered office on f	
, - -		Benjamin P. Butterfield,	Esq.	
		700 NW 107th Avenu	ie	<u> </u>
	· ·	Miami, FL 33172		
6. The name and changed):	l street address of	_	nt (if changed) and /or reg	istered office (if
-		C T Corporation Syste	em	
		c/o C T Corporation Sys		
-	*	O. Box or personal mailbox NOT a h Pine Island Road, Plantati	•	
-			ress of the business office	
Such change was authorized by the	authorized by reso board, or the corp	olution duly adopted by oration has been notifie	its board of directors or by	an officer so
Signature of an officer,	chairman or vice chairman o	f the board)	(Printed or typed name and title)	W, YP
l further agree to performance of t registered agent. office address, I	he appointment as o comply with the p ny duties, and I am Or, if this docume	registered agent and ag rovisions of all statutes familiar with and acce ent is being filed merely	gree to act in this capacity. relative to the proper and pt the obligation of my pos to reflect a change in the een notified in writing of th	complete sition as registered
Ву:	Lanie Bran		12/13/104	
(Sig	mature of Registered Agent)		(Date)	
If signing on behalf	of an entity:	CONNIE BRYAN	EGRETARY	
(Ty	ped or Printed Name)		(Capacity)	e: •

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 * * *