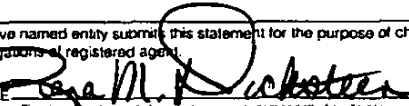
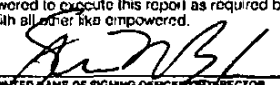


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State

04-29-2005 90237 035 ***150.00

DOCUMENT # P03000023221					
1. Entity Name LNR COMMERCIAL LENDING, INC.					
Principal Place of Business 1601 WASHINGTON AVE., STE. 800 MIAMI BEACH, FL 33139			Mailing Address 1601 WASHINGTON AVE., STE. 800 MIAMI BEACH, FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 06-1680456	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBIN, SHELLY 1601 WASHINGTON AVE., STE. 800 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name Zena Dickstein Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Zena Dickstein DATE 4/24/05 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renouncing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☒ Delete	TITLE	DCP	☒ Change ☐ Addition
NAME	MILLER, STUART A		NAME	Jeffrey P. Krasnoff	
STREET ADDRESS	700 NW 107TH AVE., SUITE 400		STREET ADDRESS	1601 Washington Ave., #800	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SAIONTZ, STEVEN J		NAME		
STREET ADDRESS	848 BRICKELL AVE., SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	KRASNOFF, JEFFREY P		NAME		
STREET ADDRESS	1601 WASHINGTON AVE., STE. 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	AC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COOK, PAULA J		NAME		
STREET ADDRESS	1601 WASHINGTON AVE., SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	V	☐ Change ☒ Addition
NAME			NAME	Steven N. Bjerke	
STREET ADDRESS			STREET ADDRESS	1601 Washington Ave., #800	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		☐ Delete	TITLE		☐ Change ☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Steven N. Bjerke  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR			DATE 4/24/05 (305) 695-5500 Date Daytime Phone #		

66020451



04062005 Chg-P CR2E034 (10/03)