

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90246 029 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P32370

1. Corporation Name  
LNR ORLANDO LIMITED, INC.



Principal Place of Business  
851 S.W. SIXTH AVENUE  
SUITE 1400  
PORTLAND OR 97204

Mailing Address  
851 S.W. SIXTH AVENUE  
SUITE 1400  
PORTLAND OR 97204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1991

4. FEI Number

93-1045053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name Shelly Rubin  
82 Street Address (P.O. Box Number is Not Acceptable)  
760 NW 107 AVE  
83 Suite 300  
84 City Miami FL 85 Zip Code 33172

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	COB	<input type="checkbox"/> DELETE
NAME	MILLER, STUART A	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KRASNOFF, JEFFREY P	
STREET ADDRESS	760 N.W. 107 AVENUE, SUITE 300	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SAIONTZ, STEVEN J	
STREET ADDRESS	760 N.W. 107 AVENUE, SUITE 300	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VPF	<input type="checkbox"/> DELETE
NAME	RUBIN, SHELLY	
STREET ADDRESS	760 N.W. 107 AVENUE, SUITE 300	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHERRY, ROBERT	
STREET ADDRESS	760 N.W. 107 AVENUE, SUITE 300	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KEMPER, THOMAS J	
STREET ADDRESS	760 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Suite 314
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JORDAN, MARGARET
6.3 STREET ADDRESS	760 NW 107 AVE, Ste 300
6.4 CITY-ST-ZIP	Miami, FL 33172

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET JORDAN, TREASURER 4/26/99 305 485 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)