## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 28, 2002 8:00 am Secretary of State 04-28-2002 90783 039 \*\*\*150.00

DOCUMENT # P32370					04-28-2002 90/83 039 *** 130.00	
1. Entity Name						
LNR Orlando Limited, Inc.						
760 NW 107 Ave., Suite 300						
	Miami, FL 33172				]	
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2. Principal Place of Business		3. Mailing Address				
Suite Act	# alc	Suite. Apt. #, etc.		~~~	DO NOT WRITE IN THIS SPA	VCE
Suite. Apt. #, etc.		State, Apr. #, etc.			GO NOT WASTE IN THIS SEA	- CL
City & State		City & State			4. FEI Number	Applied For
					93-1045053	Not Applicable
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired	3.75 Additional
		<u> </u>	<u></u>	<b></b>	Fee	e Required
			9	Alaura	7. Name and Address of Current Registered Ag	gent
				Name		
DO NOT WRITE			1	Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SP	ACE				
		AOL .				
	The second of the second	n		City .	FL	Zip Code
9 Tho abovo	agreed ontity cultanite this eletoment for	the purpose of charging it	z rogielor.	ad office or regista	red agent, or both, in the State of Florida.	
o. The above	s harried entity subtities this statement for	the purpose of changing is	s registeri	ed onice or registe	red agent, or both, in the state or horida.	
C1.7511.7711.07.7						
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NO	E: Registere	d Agant signature required	d when reinstating) DATE	<del></del>
O This course	oration in climible to catlefulto interceible	January 1 - i	May 1 Fe	ee is \$150.00		
	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May	1, Fee i	ee is \$150.00 is \$550.00	10. Election Campaign Financing	\$5.00 May Be
Tax filing i		After May	/ 1, Fee i ed UBR i	s \$550.00 s \$61.25	Trust Fund Contribution.	\$5.00 May Be Added to Fees
Tax filing i	requirement and elects to do so.	After May Amende Make Check Paya	/ 1, Fee i ed UBR i	s \$550.00 s \$61.25	Trust Fund Contribution.	Added to Fees
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under eath; 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur J. Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 (305) 485-2000 Date Dartine Phone \*