

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90238 043 ***150.00

14008709



04062005 Chg-P CR2E034 (10/03)

4. FEI Number
93-1045053

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P32370

1. Entity Name
LNR ORLANDO LIMITED, INC.



Principal Place of Business
**1601 WASHINGTON AVENUE
SUITE 800
MIAMI BEACH, FL 33139**

Mailing Address
**1601 WASHINGTON AVENUE
SUITE 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

6. Name and Address of Current Registered Agent

**RUBIN, SHELLY
1601 WASHINGTON AVENUE
8TH FLOOR
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*
Signature, typed or printed name of registered agent and title if applicable.

Zena Dickstein

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/05

**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

TITLE **C** ☐ Delete
NAME **MILLER, STUART A**
STREET ADDRESS **700 NW 107TH AVE STE 400**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **PD** ☒ Delete
NAME **KRASNOFF, JEFFREY P**
STREET ADDRESS **1601 WASHINGTON AVE., SUITE 800**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **D** ☒ Delete
NAME **SAIONTZ, STEVEN J**
STREET ADDRESS **848 BRICKELL AVENUE, #100**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **V** ☐ Delete
NAME **RUBIN, SHELLY**
STREET ADDRESS **1601 WASHINGTON AVE., SUITE 800**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **AC** ☐ Delete
NAME **LIEBERMAN, ARTHUR J**
STREET ADDRESS **1601 WASHINGTON AVE., SUITE 800**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **AC** ☐ Delete
NAME **COOK, PAULA J**
STREET ADDRESS **1601 WASHINGTON AVE. SUITE 800**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCP** ☒ Change ☐ Addition
NAME **Jeffrey P. Krasnoff**
STREET ADDRESS **1601 Washington Ave., #800**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Steven N. Bjerke**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(i), 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 OR DIRECTOR

Date

(305) 695-5500

Daytime Phone #