


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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000012651 (5)

1. Corporation Name
LENNAR PARK J.V., INC.



Principal Place of Business

Mailing Address

760 700 N.W. 107 AVE.
MIAMI FL 33172

760 700 N.W. 107 AVE.
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1992	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0379639	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS J ESQ.
700 N.W. 107 AVE.
MIAMI FL 33172

81. Name **Rubin, Shelly VP Finance**
82. Street Address (P.O. Box Number is Not Acceptable)
760 NW 107 AVE
83.
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, typewritten or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, LEONARD			1.2 NAME			
STREET ADDRESS	700 N.W. 107 AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Rubin, Shelly	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOLOTIN, IRVING			2.2 NAME	760 NW 107 AVE		
STREET ADDRESS	700 N.W. 107 AVE.			2.3 STREET ADDRESS	MIAMI FL 33172		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLE, ROBERT B			3.2 NAME	SAKUNTZ, Steven J		
STREET ADDRESS	700 N.W. 107 AVE.			3.3 STREET ADDRESS	760 NW 107 AVE		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI FL 33172		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Jordan, Margaret	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEKOR, ALLAN J			4.2 NAME	760 NW 107 AVE		
STREET ADDRESS	700 N.W. 107 AVE.			4.3 STREET ADDRESS	MIAMI FL 33172		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIERRA, KATHLEEN E.			5.2 NAME	McMickle, J.T.		
STREET ADDRESS	700 N.W. 107 AVE.			5.3 STREET ADDRESS	760 NW 107 AVE		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	MIAMI FL 33172		
TITLE	PD	<input type="checkbox"/> DELETE		6.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, STUART A.			6.2 NAME			
STREET ADDRESS	700 N.W. 107TH AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			6.4 CITY-ST-ZIP			

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.

SIGNATURE:

J.T. McMickle

J.T. McMickle 3/25/98 305/485-2000

CR2E034 (10/97)