PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P92000012651

1. Corporation Name

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LENNAR PARK J.V., INC.

Principal Place of Business	Mailing Address	
760 NW 107TH AVE MIAMI FL 33172 US	760 NW 107TH AVE Miami FL 33172 US	, D
		3. Date Incorporated 12/17/1992
2. Principal Place of Business	2a. Mailing Address	4. FEI Number

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

04-29-1999 90246 049 ***150.00

Principal Place	of Business	Mailing Address				7 19811991 119 19119			E(101 1101 1051	
760 NW 107TH MIAMI FL 33172		760 NW 107TH AVE MIAMI FL 33172								
US US					DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated o 12/17/1992	r Qualifed			
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Ap	plied For			
:1		26				65-0379639		No	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.	O)	5. Certifcate of Status	Desired 🗀	\$8.75 / Fee Re		
City & State		City & State	City & State		6. Election Campaign I	- 11	\$5.00 May Be Added to Fees			
Zip	Country	Zip	<u> </u>			8. This corporation own		ntangible		1
¬ '	25	——————————————————————————————————————	30			Personal Property T		Yes	□No	
24	g. Name and Address of Curre		301	Γ_		10. Name and Address		d Agent		1
	3, 100mo direction of the contraction of the contra			81	Name					Ì
RUBIN, SHELLY				\perp						ł
760 NW 107TH AVE				82		Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33172			83	2017	2 =00				1	
. 4710 10				"		•]
				84	City		F		Code	
office or re	to the provisions of Sections 607.05 ogistered agent, or both, in the Staten familiar with, and accept the oblig	e of Florida. Such change was al	unonzec	I DY I	-named corpo the corporatio	oration submits this statem n's board of directors. I he	ent for the purpose or reby accept the app	of changing its ointment as re	registered gistered	ļ
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable. (NOTE:	Registered	Agent	signature required	when reinstating)	DATE] ຄ
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANG	S TO OFFICERS	AND DIRECTO	RS IN 12	Įξ
TITLE (D	☐ DELETE	1.1 ∏	TLE				Change	[#] ☐ Addition	1 5
NAME	MILLER, LEONARD	1.2 NAME							1 3	
STREET ADDRESS	700 N.W. 107 AVE.		1.3 \$1	1.3 STREET ADDRESS						}
CITY-ST-ZIP				TY-ST] [
TITLE			-	2.1 TITLE				Change	Addition] [
NAME			2.2 N	2.2 NAME					,	-

RU NAME Sute 300 2.3 STREET ADDRESS 760 NW 107TH AVE STREET ADDRESS MIAMI FL 33172 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE CE0 3.2 NAME NAME SAIONTZ, STEVEN J. 760 NW 107TH AVE 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33172** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DFLETE 4.1 TITLE πιε JORDAN, MARGARET 4. 2 NAME NAME 760 NW 107TH AVE 4.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33172** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition **DELETE** 5.1 TITLE TITLE 5.2 NAME MCMICKLE, J. T. **SMA** 5.3 STREET ADDRESS 760 NW 107TH AVE STREET ADDRESS 5.4 CITY- ST- ZIP MIAMI FL 33172 CITY-ST-ZIP 6.1 TITLE ☐ Addition ☐ DFLETE DC TITLE 6.2 NAME MILLER, STUART A. NAME 6.3 STREET ADDRESS 700 N.W. 107TH AVENUE STREET ADDRESS MIAMI FL 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR