



LENNAR PARTNERS

P920000013547

November 26, 1997

Florida Department of State
Jim Smith - Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
97 DEC 24 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

400002386374--5
-12/30/97-01082-001
1680.00 **35.00

Dear Mr. Smith:

Re: Statement of Change of Registered Agent for Corporations

Enclosed herewith are executed applications for Change of Registered Agent along with our cheque in the sum of \$1,995.00 representing the requisite fee applicable for filing. We look forward to acknowledgement said change in due course.

Kind regards,

Yours sincerely,

Shiona J. Creary
Legal Assistant
:sjc
Encl./

Handwritten notes:
P920000013547
12-24-97
RA Chg.
JPC

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Lennar Affiliate Purchaser Corporation

1a. Date of incorporation 12/22/92 Document number P92000013547

2. The name and address of the current registered agent and office:

Morris Watsky, 700 NW 107 Ave., Miami, FL 33172

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

Shelly Rubin, 760 NW 107 Ave., Miami, FL 33172

The street address of its registered agent and the street address of the business office of its registered agent as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

SIGNATURE

DATE

12/17/97

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

12/17/97

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-90)

FILING FEE: \$35.00

FILED
97 DEC 24 AM 8:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA