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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR -3 PM 1:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P92000013964**

1. Corporation Name
LENNAR FLORIDA LAND V Q.A., INC.

Principal Place of Business	Mailing Address
760 NW 107TH AVENUE SUITE 400 MIAMI FL 33172	760 NW 107TH AVENUE SUITE 400 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/24/1992

4. FEI Number
65-0377414
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

NEALON, THOMAS F.111, J
760 NW 107 AVE.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if agent is a corporation (NOTE: Registered Agent's signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	NEALON, THOMAS F III		12 NAME	
STREET ADDRESS	760 NW 107TH AVENUE, STE 400		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	
TITLE	D/VP	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	LEWIS, WILLIAM M JR.		22 NAME	
STREET ADDRESS	1585 BROADWAY 37TH FLOOR		23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036		24 CITY-ST-ZIP	
TITLE	DPST	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	KRASNOFF, JEFFERY P		32 NAME	
STREET ADDRESS	760 NW 107 AVE.		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	
TITLE	VP	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	LEVIN, DAVID		42 NAME	
STREET ADDRESS	760 NW 107 AVE, STE 400		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	
TITLE	VP	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	BLASER, THEKLA		52 NAME	
STREET ADDRESS	760 NW 107TH AVENUE, SUITE 400		53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		54 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME	SCHRAGER, RONALD E		62 NAME	
STREET ADDRESS	760 NW 107TH AVE., STE 400		63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		64 CITY-ST-ZIP	

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B. 3/5/99 99AR

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: Ronald E. Schrager 2/2/99 (305) 229-6692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)