

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000002319 (0)

1. Corporation Name

LENNAR FLORIDA INDUSTRIAL II Q.A., INC.



Principal Place of Business

760 NW 107TH AVENUE
SUITE 400
MIAMI FL 33172

Mailing Address

760 NW 107TH AVENUE
SUITE 400
MIAMI FL 33172

3. Date Incorporated or Qualified 01/11/1993	3a. Date of Last Report 04/17/1995
4. FEI Number 65-0380538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

NEALON, THOMAS F III
760 NW 107 AVE
STE 400
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP LEWIS, WILLIAM M JR 1251 AVENUE OF THE AMERICAS 28TH FLOOR NEW YORK NY	1.1 TITLE	DVP William M. Lewis Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	1585 Broadway, 3rd Floor
STREET ADDRESS		1.3 STREET ADDRESS	New York, NY 10036
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DPST KRASNOFF, JEFFREY P 700 NW 107TH AVENUE SUITE 400 MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V LEVIN, DAVID 760 NW 107TH AVE SUITE 400 MIAMI FL	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	David Levin
STREET ADDRESS		3.3 STREET ADDRESS	760 NW 107th Ave., Ste. 400
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	AS NEALON, THOMAS F. III 760 NW 107TH AVE SUITE 400 MIAMI FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VST KRASNOFF, JEFFREY P 760 NW 107 AVE, STE 400 MIAMI FL	5.1 TITLE	800001806808
NAME		5.2 NAME	-05/03/96-01054-00?
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)