2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002364 FILED 00 MAR 23 AM II: 07 LENNAR FLORIDA APARTMENTS II Q.A., INC. SECRETARY OF STATE TATEBAHAIGSEE, FLORIDA Mailing Address Principal Place of Business 760 NW 107TH AVENUE 760 NW 107TH AVENUE SUITE 400 SUITE 400 MIAMI FL 33172-3157 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0380543 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **NEALON. THOMAS F III** Street Address (P.O. Box Number is Not Acceptable) 760 NW 107 AVE STE 400 **MIAMI FL 33172** Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change **DPST** Delete TITLE TITLE Thomas, Owen D. Thomas 1585 Broadway, 37th Floor KRASNOFF, JEFFREY P NAME STREET ADDRESS STREET ADDRESS 700 NW 107TH AVE SUITE 400 New York, NY 10036 CITY-\$T-ZIP CITY-ST-ZIP MIAMI FL 300003195 VP ☐ Delete TITLE TITLE LEVIN, DAVID NAME NAME -04/04/00--01047--023 STREET ADDRESS 760 NW 107 AVE, STE 400 STREET ADDRESS ****750.00 ****150.00 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL DVP Change ☐ Addition X Delete TITLE TITLE NAME LEWIS, JR. W NAME STREET ADDRESS 1585 BROADWAY 37TH FLOOR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **NEW YORK NY 10036** ☐ Change Addition ☐ Delete TITLE TITLE **NEALON, THOMAS F IN** NAME NAME STREET ADDRESS 760 NW 107TH AVENUE, ATE. 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Addition Change **VP** Delete TITLE NAME BLASER, THEKLA STREET ADDRESS 760 NW 107TH AVENUE. SUITE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE SCHRAGER, RONALD E NAME NAME STREET ADDRESS STREET ADDRESS 760 NW 107 AVE, STE 400 CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald E. Sci

Ronald E. Schrager, Vice President

(305)220-4300

Daytime Phone #