

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 # P93000003385 (0)

1. Corporation Name

LENNAR FLORIDA RETAIL VI Q.A., INC.



Principal Place of Business

Mailing Address

760 NW 107 AVE #400
MIAMI FL 33172

760 NW 107 AVE #400
MIAMI FL 33172

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 01/14/1993 | 3a. Date of Last Report 04/14/1995 |
| 4. FEI Number 65-0441775 | 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 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

NEALON, THOMAS F III
760 NW 107TH AVE., SUITE 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 | 1.1 TITLE | DVP |
| NAME | LEWIS, WILLIAM M JR. | 1.2 NAME | William M. Lewis, Jr. |
| STREET ADDRESS | 1251 AVE OF THE AMERICAS | 1.3 STREET ADDRESS | 1585 Broadway, 3TH Floor |
| CITY-ST-ZIP | NEW YORK, NEW YORK FL | 1.4 CITY-ST-ZIP | New York, NY 10036 |
| TITLE | AS | 2.1 TITLE | |
| NAME | NEALON, THOMAS F III | 2.2 NAME | |
| STREET ADDRESS | 760 NW 107 AVE, STE 400 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | VP | 3.1 TITLE | |
| NAME | LEVIN, DAVID | 3.2 NAME | |
| STREET ADDRESS | 760 NW 107 AVE, STE 400 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | DPST | 4.1 TITLE | |
| NAME | KRASNOFF, JEFFREY P | 4.2 NAME | Jeffrey P. Krasnoff |
| STREET ADDRESS | 760 NW 107 AVE, STE 400 | 4.3 STREET ADDRESS | 700 NW 107th Ave, Ste. 400 |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | Miami, FL 33172 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 #

4/26/96 (305) 220-4300

CR2E034 (12/95)