

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 17 PM 11:12

**DOCUMENT # P93000014808 (8)**

1. Corporation Name

**LENNAR FLORIDA OFFICE III O.A., INC.**

Principal Place of Business

Mailing Address

760 NW 107TH AVE  
SUITE 400  
MIAMI FL 33172

760 NW 107TH AVE  
SUITE 400  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/26/1993** 3a. Date of Last Report **03/11/1994**

4. FEI Number **65-0393133** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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

Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEALON, THOMAS F III  
760 NW 107 AVE  
STE 400  
MIAMI FL 33172**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>
NAME	<b>MILLER, STUART A</b>
STREET ADDRESS	<b>700 NW 107TH AVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>DV</b>
NAME	<b>KAZILIONIS, PAUL D</b>
STREET ADDRESS	<b>1251 AVENUE OF THE AMERICAS 28TH FLOOR</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>
TITLE	<b>AS</b>
NAME	<b>WATSKY, MORRIS</b>
STREET ADDRESS	<b>760 NW 107 AVE, STE 400</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VAS</b>
NAME	<b>LEVIN, DAVID</b>
STREET ADDRESS	<b>760 NW 107 AVE, STE 400</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VST</b>
NAME	<b>KRASNOFF, JEFFREY P</b>
STREET ADDRESS	<b>760 NW 107 AVE, STE 400</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	<b>"SEE ATTACHED EXHIBIT A"</b>
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	<b>"SEE ATTACHED EXHIBIT A"</b>
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	<b>"SEE ATTACHED EXHIBIT A"</b>
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 110.07(3)(b), 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

4/11/95 (305) 220-4300  
Date System Phone #

0930000 14808

**EXHIBIT "A"**

**LIST OF OFFICERS/DIRECTORS**  
**FOR THE VARIOUS PARTNERSHIP CORPORATE**  
**GENERAL PARTNERS**

William M. Lewis, Jr.	-	D/VP 1251 Avenue of the Americas 28th Floor New York, NY 10020
Jeffrey P. Krasnoff	-	D/P/S/T 700 NW 107th Avenue Suite 400 Miami, FL 33172
David Levin	-	VP 760 NW 107th Avenue Suite 400 Miami, FL 33172
Thomas F. Nealon, III	-	AS 760 NW 107th Avenue Suite 400 Miami, FL 33172