

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 # P93000016486 (1)

1. Corporation Name

LENNAR FLORIDA APARTMENTS III Q.A., INC.



Principal Place of Business

760 NW 107TH AVE
SUITE 400
MIAMI FL 33172

Mailing Address

760 NW 107TH AVE
SUITE 400
MIAMI FL 33172

3. Date Incorporated or Qualified
03/03/1993

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0393664

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

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

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

TITLE DVP
NAME LEWIS, WILLIAM M JR.
STREET ADDRESS 1251 AVENUE OF THE AMERICAS, 28TH FL
CITY- ST- ZIP NEW YORK NY ☐ DELETE

TITLE AS
NAME NEALON, THOMAS F III
STREET ADDRESS 760 NW 107TH AVENUE, ST3 400
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE VAS
NAME LEVIN, DAVID
STREET ADDRESS 760 NW 107 AVE, STE 400
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE DPST
NAME KRASNOFF, JEFFREY P
STREET ADDRESS 760 NW 107 AVE, STE 400
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVP ☒ Change ☐ Addition
1.2 NAME William M. Lewis, Jr.
1.3 STREET ADDRESS 1585 Broadway, 37th Floor
1.4 CITY- ST- ZIP New York, NY 10036

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE VP ☒ Change ☐ Addition
3.2 NAME David Levin
3.3 STREET ADDRESS 760 NW 107th Ave, Ste. 400
3.4 CITY- ST- ZIP Miami, FL 33172

4.1 TITLE DVP/ST ☒ Change ☐ Addition
4.2 NAME Jeffrey P. Krasnoff
4.3 STREET ADDRESS 760 NW 107th Ave, Ste. 400
4.4 CITY- ST- ZIP Miami, FL 33172

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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)