P9300004653=

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SECRETARY OF STATE

20 chang 12/2/02

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		= .
SUBJECT: Lennar Partners, Inc.		<u> </u>
	(Name of corporation)	
DOCUMENT NUMBER: P93000	046533	
The enclosed Statement of Change of	of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the f	ollowing:
Shelly L. Rubin		
(Name of perso	on)	
c/o LNR Property Corporation		.
(Name of firm/com	pany)	•
1601 Washington Avenue, 8th Floor		_
(Address)		-
Miami Beach, Florida 33139		<u>-</u>
(City/state and zip	code)	
For further information concerning t	his matter, please call:	-
Zena M. Dickstein	at (<u>305</u>)	485-2098 daytime telephone number)
(Name of person)	(Area code &	daytime telephone number)
Enclosed is a \$35.00 check made par	yable to the Department of	State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	= = = = = = = = = = = = = = = = = = =

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to t	the provisions of sections 607.0502, 61	7.0502, 607.1508, or 617.150	08, Florida Statutes,
this statement	t of change is submitted for a corporatio in order to change its register		•
of Florida.			
1. The name	of the corporation: Lennar Partners, Inc.		
2. The princip	pal office address: 1601 Washington Ave	nue, 8th Floor, Miami Beach, Fl	orlda 33139
3. The mailin	g address (if different):	<u>-</u>	
	<u> </u>	***	_
4. Date of inc	corporation/qualification: 7/1/93	Document number:	P93000046533
	and street address of the current registere partment of State: Shelly L. Rubin	ed agent and registered office of	on file with the
	760 NW 107th Avenue, Suite 300		TAL TAL
	Miami, Florida 33172		CRET
6. The name changed):	and street address of the new registere	ed agent (if changed) and /or	registered office if
	1601 Washington Avenue, 8th Floor (P.O. Box or personal mailt	nov NOT accountable)	LORID
	Miami Beach, Florida 33139		
() 1/1	dress of its registered office and the stre nged will be identical.		
Such change authorized by	was authorized by resolution duly adop the board, or the corporation has been		
(Signature of an offi	icer, chirman or vice chairman of the board)	Shelly L. Rubin, Vice President (Printed or typed name and till	
I hereby acce I further agre performande registered ag	pt the appointment as registered agent se to comply with the provisions of all so of my duties, and I am familiar with an ent. Or, if this document is being filed is s, I hereby confirm that the corporation	and agree to act in this capac tatutes relative to the proper d accept the obligation of my merely to reflect a change in	city. and complete position as the registered
7	(Signature of Registered Agent)	(Date)	
If signing on bel	half o∲an entity:		
	(Typed or Printed Name)	(Cenecity)	

* * * FILING FEE: \$35.00 * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Call