

November 26, 1997

Florida Department of State Jim Smith – Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FI 32314

Dear Mr. Smith:

Re: Statement of Change of Registered Agent for Corporations

Enclosed herewith are executed applications for Change of Registered Agent along with our cheque in the sum of \$1,995.00 representing the requisite fee applicable for filing. We look forward to acknowledgement said change in due course.

Kind regards.

Yours sincerely,

400002386324--0 -12/30/97--01082--001 ***1680.00 ******35.00

Shiona J. Creary Legal Assistant :sjc

Encl./

My Osm

700 NW 107th Avenue, Miami, Florida 33172 Telephone 305/559-4000 FAX 305/226-7691

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation is:	Lennar Real Estate Holdings, Inc.			
1a.	Date of incorporation12/9/93	Document number	P9300008419	93 芦 贸	 -
2.	The name and address of the current reg	istered agent and office:		AH AH)EC 24
	Morris Watsky, 700 NW 107 Ave., Mia	mi, Fl 33172	-2.2		He t
3.	The name and address of the new register (P.O. Box Not Acceptable)	ered agent and office:	 	g ä	58
	Shelly Rubin, 760 NW 107 Ave., Miami	, Fl 33172			
regist Such	street address of its registered agent and stered agent as changed, will be identical. I change was authorized by resolution duly athorized by the board. SIGNA DATE	adopted by its board of	-		
PROC THIS AND PROV PERF	TING BEEN NAMED AS REGISTEREI CESS FOR THE ABOVE STATED CORP CERTIFICATE, I HEREBY ACCEPT THE AGREE TO ACT IN THIS CAPACITY. VISIONS OF ALL STATUTES RELATED FORMANCE OF MY DUTIES, AND I IGATION OF MY POSITION AS REGIST	ORATION AT THE PL TE APPOINTMENT AS I FURTHER AGREE TO TIVE TO THE PROP AM FAMILIAR WITI	ACE DESIGN REGISTERE O COMPLY V ER AND CO	NATED D AGEI VITH TI OMPLE	IN NT HE TE
	SIGNA DATE _	TURE Thele	0 1 _10	> 17,	97

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (7-90) FILING FEE: \$35.00