

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

**APPROVED  
AND  
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55 MAY -1 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P94000015015 (8)**

1. Corporate Name:  
**LENNAR MOTE RANCH, INC.**

Principal Place of Business: **760 N.W. 107TH AVE. SUITE 400 MIAMI FL 33172**

Mailing Address: **760 N.W. 107TH AVE. SUITE 400 MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Reported (Date of Issuance): **02/24/1994**

3a. Date of Last Report:

4. FEI Number: **65-0474707**

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. 195.022:  Yes  No

2. Principal Place of Business:

21. State: **FL**

22. City & State:

23. City: **MIAMI**

24. County: **DADE**

25. State: **FL**

26. City & State:

27. City: **MIAMI**

28. County: **DADE**

29. State: **FL**

30. City & State:

9. Name and Address of Current Registered Agent:

**WATSKY, MORRIS J  
700 NW 107TH AVENUE  
MIAMI FL 33172**

10. Name and Address of New Registered Agent:

81. Name:

82. Street Address (P.O. Box Number is Not Applicable):

83. City:

84. City: **MIAMI**

85. Zip Code: **33172**

11. Pursuant to the provisions of sections 607.0702 and 607.1509, Florida Statutes, this 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 607.0706, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12/1	NAME	STREET ADDRESS	CITY & STATE
12/2	NAME	STREET ADDRESS	CITY & STATE
12/3	NAME	STREET ADDRESS	CITY & STATE
12/4	NAME	STREET ADDRESS	CITY & STATE
12/5	NAME	STREET ADDRESS	CITY & STATE
12/6	NAME	STREET ADDRESS	CITY & STATE
12/7	NAME	STREET ADDRESS	CITY & STATE
12/8	NAME	STREET ADDRESS	CITY & STATE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN:

13/1	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13/2	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13/3	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13/4	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13/5	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13/6	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13/7	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13/8	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, not guilty for the exemption stated in Section 119.071, Florida Statutes. I further certify that the information included in 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 holder responsible for the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, if changed, or on an attachment with an address.

SIGNATURE:  **Jeffrey P. Krasnoff** 4/18/95 (305) 229-6400

SIGNATURE AND TYPE IN FULL NAME OF HOLDING OFFICER OR DIRECTOR