

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

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000037171 (3)

1. Corporation Name
LENNAR METRO FL-I, 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

3. Date Incorporated or Qualified: 05/17/1994
3a. Date of Last Report: 06/08/1995
4. FEI Number: 65-0497177
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 (21-23)
2a. Mailing Address (24-26)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

9. Name and Address of Current Registered Agent
**NEALON, THOMAS F III
760 N.W. 107TH AVE.
SUITE 400
MIAMI FL 33172**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LEWIS, JR., WILLIAM M	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS, 28TH FLOOR	
CITY - ST - ZIP	NEW YORK NY 10020	
TITLE	DPST	<input type="checkbox"/> DELETE
NAME	KRASNOFF, JEFFREY P	
STREET ADDRESS	700 NW 107TH AVENUE, SUITE 400	
CITY - ST - ZIP	MIAMI FL 33172	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEVIN, DAVID	
STREET ADDRESS	760 NW 107TH AVENUE, SUITE 400	
CITY - ST - ZIP	MIAMI FL 33172	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NEALON, III, THOMAS F	
STREET ADDRESS	760 NW 107TH AVENUE, SUITE 400	
CITY - ST - ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William M. Lewis, Jr.	
1.3 STREET ADDRESS	1585 Broadway	
1.4 CITY - ST - ZIP	New York, NY 10036	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	300001806843	
4.4 CITY - ST - ZIP	-05/03/96--01054--024	
5.1 TITLE	***200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *Thomas F. Nealon III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (305) 220-4300
Date Daytime Phone

CR2E034 (12/95)

EXHIBIT "A"

William M. Lewis, Jr.	-	D/VP 1585 Broadway 37th Floor New York, NY 10036
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