

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000072238 (6)

1. Corporation Name

LENNAR NORTHEAST HOLDINGS, INC.



Principal Place of Business 768 768 NW 107TH AVE MIAMI FL 33172	Mailing Address 768 700 NW 107TH AVE MIAMI FL 33172
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	3. Date Incorporated or Qualified 10/03/1994	4. FEI Number 65-0525763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent WATSKY, MORRIS J 700 NW 107TH AVE MIAMI FL 33172	10. Name and Address of New Registered Agent 81 Name <i>Rubin, Shelly VP Finance</i> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <i>760 NW 107 AVE</i> 84 City <i>Miami</i> FL 85 Zip Code <i>33172</i>
---	---

11. Pursuant to the provisions of Sections 607.0505 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 *Shelly Rubin* (NOTE: Registered Agent signature required when reinstating) DATE *3/30/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MILLER, LEONARD	1.2 NAME	
STREET ADDRESS	700 NW 107TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BOLOTIN, IRVING	2.2 NAME	<i>SAIONTZ, Steven J.</i>
STREET ADDRESS	700 NW 107TH AVE	2.3 STREET ADDRESS	<i>760 NW 107 AVE</i>
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	<i>Miami FL 33172</i>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D COLE, ROBERT B	3.2 NAME	<i>Rubin, Shelly</i>
STREET ADDRESS	700 NW 107TH AVE	3.3 STREET ADDRESS	<i>760 NW 107 AVE</i>
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	<i>Miami, FL 33172</i>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D PEKOR, ALLAN J	4.2 NAME	<i>Miller, Stuart A</i>
STREET ADDRESS	700 NW 107TH AVE	4.3 STREET ADDRESS	<i>760 NW 107 AVE</i>
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	<i>Miami FL 33172</i>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS SIERRA, KATHLEEN E.	5.2 NAME	<i>McMickle, J.T</i>
STREET ADDRESS	7000 NW 107 AVE.	5.3 STREET ADDRESS	<i>760 NW 107 AVE</i>
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	<i>Miami FL 33172</i>
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T SALEDA, M.E.	6.2 NAME	<i>Jordan Margaret</i>
STREET ADDRESS	700 N.W. 107 AVE	6.3 STREET ADDRESS	<i>760 NW 107 AVE</i>
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	<i>Miami FL 33172</i>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J.T. McMickle* *3/25/98* *305/445-2000*

CR2E034 (10/97)