

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90237 016 \*\*\*150.00

**DOCUMENT # P94000072238**

1. Entity Name  
**LENNAR NORTHEAST HOLDINGS, INC.**



Principal Place of Business  
**1601 WASHINGTON AVENUE  
SUITE 800  
MIAMI BEACH, FL 33139 US**

Mailing Address  
**1601 WASHINGTON AVENUE  
SUITE 800  
MIAMI BEACH, FL 33139 US**

14008685



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0525763**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUBIN, SHELLY  
1601 WASHINGTON AVENUE  
SUITE 800  
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name  
**Zena Dickstein**  
Street Address (P.O. Box Number is Not Acceptable)  
  
City  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Zena Dickstein **Zena Dickstein** 4/26/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **SAIONTZ, STEVEN J.**  
STREET ADDRESS **848 BRICKELL AVENUE #100**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **RUBIN, SHELLY**  
STREET ADDRESS **1601 WASHINGTON AVENUE., STE. 800**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☒ Change ☐ Addition  
NAME **Steven N. Bjerke**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DC** ☐ Delete  
NAME **MILLER, STUART A.**  
STREET ADDRESS **700 N.W. 107TH AVENUE., STE. 400**  
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **DC** ☒ Change ☐ Addition  
NAME **Jeffrey P. Krasnoff**  
STREET ADDRESS **1601 Washington Ave., #800**  
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **AC** ☐ Delete  
NAME **LIEBERMAN, ARTHUR J**  
STREET ADDRESS **1601 WASHINGTON AVENUE., STE. 800**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **SHERMAN, MICHAEL J**  
STREET ADDRESS **1601 WASHINGTON AVENUE., STE. 800**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☒ Change ☐ Addition  
NAME **Margaret A. Jordan**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AC** ☐ Delete  
NAME **COOK, PAULA J**  
STREET ADDRESS **1601 WASHINGTON AVE, STE 800**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven N. Bjerke **Steven N. Bjerke** 4/26/05 (305) 695-5500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #