РОЦ ОООТ 8063 LENNAR HARTIERS ОООТ 8063

November 26, 1997

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

Shiona J. Creary Legal Assistant

:sjc

Encl./

300002386293--8 -12/30/97--01082--001 ***1680.00 ******35.00

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:	LGP-II Holdings, Inc.		
1a.	Date of incorporation10/24/94	Document number	P94000078063	_ <u>_</u>
2.	The name and address of the current regi	stered agent and office:	97 DEC SECRET TALLAH/	
	Morris Watsky, 700 NW 107 Ave., Miar	ni, Fl 33172	- HASSEE	
3.	The name and address of the new registe (P.O. Box Not Acceptable)	red agent and office:	FLORIDA	
	Shelly Rubin, 760 NW 107 Ave., Miami	, FI 33172		
regist Such	street address of its registered agent and tered agent as changed, will be identical. change was authorized by resolution duly thorized by the board. SIGNA' DATE	adopted by its board of directo		
PROTINIS AND PROTPERI	ING BEEN NAMED AS REGISTERED CESS FOR THE ABOVE STATED CORP CERTIFICATE, I HEREBY ACCEPT THE AGREE TO ACT IN THIS CAPACITY. IT IS CAPACITY. TO ASSESS OF ALL STATUTES RELATED FORMANCE OF MY DUTIES, AND IS IGATION OF MY POSITION AS REGIST SIGNAL DATE	ORATION AT THE PLACE I IE APPOINTMENT AS REGI I FURTHER AGREE TO COM IIVE TO THE PROPER A AM FAMILIAR WITH AN ERED AGENT.	DESIGNATED II STERED AGEN IPCY WITH TH ND_COMPLET	N T E E

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-90) FILING FEE: \$35.00