

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
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DOCUMENT # P94000092376 (0)

1. Corporation Name
LENNAR U.S. HOLDINGS, INC.



Principal Place of Business 760 700 NW 107TH AVENUE MIAMI FL 33172	Mailing Address 760 700 NW 107TH AVENUE MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1994	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	26 Suite, Apt. #, etc.	27 City & State
25 Country	29 Zip	30 Country	4. FEI Number 65-0565646		
28 City & State		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		25 Zip		8. 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 AVENUE MIAMI FL 33172				10. Name and Address of New Registered Agent			
				81 Name	Rubin, Shelly VP Finance		
				82 Street Address (P.O. Box Number is Not Acceptable)	760 NW 107 AVE		
				83 City	Miami		
				84 State	FL		
				85 Zip Code	33172		

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: *Shelly Rubin* **Shelly Rubin** DATE: **3/30/98**

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

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: *A.T. M...* **J.T. McMickle 3/25/98 305-445-2000**

CR2E034 (10/97)