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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000092376

LENNAR U.S. HOLDINGS, INC.

LENNAN U.S.	HOLDINGS, INC.						
Principal Place of Bu	siness	Mailing Address		i indicant fin initi bratt natu natu gatit gatit da	iim imilm 11mmm (till (méim g)); (da)		
760 NW 107TH AVE MIAMI FL 33172 US		760 NW 107TH AVE MIAMI FL 33172 US		DO NOT WRITE IN TH	IIS SPACE		
00				3. Date Incorporated or Qualifed 12/22/1994			
2. Principal Place of	Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		65-0565646	Not Applicable		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.		300	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Country 30	This corporation owes the current year     Personal Property Tax.	Intangible		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUBIN, SH 760 NW 1 MIAMI FL	07TH AVE		83	Address (P.O. Box Number is Not Acceptable)	les Vic Code		
I			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	Signature, typed or printed name of registered agent and title if applicable (NOTE:	Registered Agent signature n	equired when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.					
TITLE	D DELETÉ	1.1 TITLE		Change	☐ 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	V DELETE	2.1 TITLE		Change	Addition		
NAME	RUBIN, SHELLY	2.2 NAME	` 0				
STREET ADDRESS	760 NW 107TH AVE	2.3 STREET ADDRESS	Sute 300				
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP			<u> </u>		
TITLE	T DELETE	3.1 TITLE		Change	Addition		
NAME	JORDAN, MARGARET	3.2 NAME	٠ ، ٥				
STREET ADDRESS	760 NW 107TH AVE	3.3 STREET ADDRESS	Surte 300				
CITY-ST-ZIP	MIAMI FL 33172	3.4, CITY-ST-ZIP			/		
TITLE	DCEO DELETE	4.1 TITLE		☐ Change	Addition		
NAME	SAIONTZ, STEVEN J.	4.2 NAME	- · · · · · · · · · · · · · · · · · · ·		-		
STREET ADDRESS	760 NW 107TH AVE	4.3 STREET ADDRESS	Sule 3H				
CITY-ST-ZIP	MIAMI_FL 33172	4.4 CITY-ST-ZIP			-C		
TITLE	AS DELETE	5.1 TITLE	AS - 1 2 2 7	hange	Addition		
NAME	MCMICKLE, J. T.	5.2 NAME	: AS PETA-GAY ARNETT				
STREET ADDRESS	760 NW 107TH AVE	5.3 STREET ADDRESS	المساسد المساسد المساسد المساسد	An	200		
CITY-ST-ZIP	MIAMI FL 33172	5.4 CITY-ST-ZIP					
TITLE	DC DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME	MILLER, STUART A.	6.2 NAME					
STREET ADDRESS	700 NW 107 AVE	6.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FI	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, with all other like empowered.

MARGARET JORDAN, TREAS.

**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90246 042 \*\*\*150.00