2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90128 024 ***150.00

DOCUMENT # P95000019572

1. Entity Name
LNR CALIFORNIA INVESTMENTS, INC.

Principal Place of Business	Mailing Address
760 NW 107TH AVE SUITE 300 MIAMI FL 33172 US	760 NW 107TH AVE SUITE 300 MIAMI FL 33172 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 1601 Washington Ave., Suite 800 Miami Beach, FL 33139	Suite, Apt. #, etc. 1601 Washington Ave., Suite 800 Miami Beach, FL 33139

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0563643 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUBIN, SHELLY 760 NW 107TH AVE SUITE 300 MIAMI FL 33172	Name 1601 Washington Ave., Suite 800 Miami Beach, FL 33139 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 _____
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 NAME MILLER, LEONARD STREET ADDRESS 700 N.W. 107TH AVE. CITY-ST-ZIP MIAMI FL 33172	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME RUBIN, SHELLY STREET ADDRESS 760 NW 107TH AVE., SUITE 300 CITY-ST-ZIP MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS 1601 Washington Ave., Suite 800 CITY-ST-ZIP Miami Beach, FL 33139	☒ Change ☐ Addition
TITLE T NAME JORDAN, MARGARET STREET ADDRESS 760 NW 107TH AVE., SUITE 300 CITY-ST-ZIP MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS 1601 Washington Ave., Suite 800 CITY-ST-ZIP Miami Beach, FL 33139	☒ Change ☐ Addition
TITLE DCEO NAME SAIONTZ, STEVEN J. STREET ADDRESS 760 NW 107TH AVE., SUITE 314 CITY-ST-ZIP MIAMI FL 33172	☐ Delete	TITLE D NAME STREET ADDRESS 848 Brickell Avenue, #100 CITY-ST-ZIP Miami, FL 33131	☒ Change ☐ Addition
TITLE DC NAME MILLER, STUART A. STREET ADDRESS 700 NW 107 AVE CITY-ST-ZIP MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE AC NAME LIEBERMAN, ARTHUR J STREET ADDRESS 760 NW 107TH AVE., SUITE 300 CITY-ST-ZIP MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS 1601 Washington Ave., Suite 800 CITY-ST-ZIP Miami Beach, FL 33139	☒ Change ☐ Addition

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: SIGNATURE REQU Arthur J. Lieberman 4/28/03 305/695-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)