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 # P95000035591

LENNAR TRANSAMERICA HOLDINGS, INC.

						36/68 (11 3 / 3 1/6/ 6/1/8 1	010) 101 001
Principal Place	e of Business	Mailing Address		•			
760 NW 107TH AVE 760 NW 107TH AVE							
MIAMI FL 33172		MIAMI FL 33172 US	MIAMI FL 33172		DO NOT WRITE IN THIS SPACE		
US		03			3. Date Incorporated or Qualifed		
					05/05/1995		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Арр	lied For
21		26			65-0582383	Not	Applicable
Suite, Apt.,	#. etc.	Suite, Apt.#, etc.			<u> </u>	\$8.75 A	dditional
23 50946 300 27 501te 30			\mathcal{C}		5. Certifcate of Status Desired	Fee Rec	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 1	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip Co	ountry		8. This corporation owes the current year		
24	25	29 30			Personal Property Tax.	Yes [□No
<u></u>	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registe	red Agent	
			81 N	ame	•		
RUB	IN, SHELLY		82 S	treet Addres	ss (P.O. Box Number is Not Acceptable)	<u></u> .	
760 NW 107TH AVE				601+	-e 300		
MIAF	MI FL 33172		83				
				14		85 Zip C	ode
			84 C	ity		FL 👸 🖆 🎽	,00a
l office or r	registered agent, or both, in the State	2 and 607.1508, Florida Statutes, the of Florida. Such change was authorizations of, Section 607.0505, Florida St	zed by the	med corpor corporation	ration submits this statement for the purpor's board of directors. I hereby accept the a	se of changing its r appointment as reg	registered jistered
,							ı
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Register	red Agent sigr	nature required v	when reinstating) DAT	E	
12.	OFFICERS AN	ID DIRECTORS 1	3.		ADDITIONS/CHANGES TO OFFICER		
TITLE	D	☐ DELETE 1.1	TITLE			☐ Change	Addition
NAME	MILLER, LEONARD	12	NAME				ĺ
STREET ADDRESS	700 N.W. 107TH AENUE	1.3	STREET ADD	RESS			
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	<u> </u>			<u> </u>
TITLE	V	☐ DELETE 2.1	TITLE			☐ Change	Addition
NAME	RUBIN, SHELLY	2.2	NAME				
STREET ADDRESS	760 NW 107TH AVE	2.3	STREET ACC	RESS 🔾	ute 300		Į
CITY-ST-ZIP	MIAMI FL 33172	2.	4 CITY-ST-ZI	Р			
TITLE	T	☐ DELETE 3.1	1 TITLE	1		Change	Addition
NAME	JORDAN, MARGARET	3.2	2 NAME		· A = ===		
STREET ADDRESS		3.3	STREET ADD	RESS S	with soc		
CITY-ST-ZIP	MIAMI FL 33172	3.4	. CITY-ST-ZIF	-			
TITLE	DCEO	☐ DELETE 4.1	TITLE			☐ Change	Addition
NAME	SAIONTZ, STEVEN J.	4	2 NAME				·
STREET ADDRESS		4.3	STREET ADD	ORESS S	inte 314		
CITY-ST-ZIP	MIAMI FL 33172	4.4	4 CITY-ST-ZIF	,			
TITLE	DC	☐ DELETE 5.1	1 TITLE			Change	☐ Addition
NAME	MILLER, STUART A	5.2	2 NAME				1
STREET ADDRESS	1		STREET ADD	DE88			
	I MRINIY IU/IN ARNIM	0.0	SIREELAUL	muso 4	70.0 NW. 107 AVE		
CITY-ST-ZIP			4 CITY-ST-ZIF		70-0 N W 10 1 1 1 0 1		
CITY-ST-ZIP TITLE	MIAMI FL	5.4		·	AS DENET DESTICA	Change	Addition

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

760 NW 107TH AVE

MARGARET JORDAN, TREAS.

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90246 043 ***150.00