



LENNAR PARTNERS

P95000038601

November 26, 1997

Florida Department of State
Jim Smith - Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

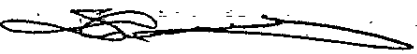
Dear Mr. Smith:

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./

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

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1680.00 **35.00

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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: West Coast Mortgage Holdings, Inc.
- 1a. Date of incorporation 6/16/95 Document number P95000038601
2. The name and address of the current registered agent and office:
Morris Watsky, 700 NW 107 Ave., Miami, FL 33172
3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)
Shelly Rubin, 760 NW 107 Ave., Miami, FL 33172

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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The street address of its registered agent and the street address of the business office of its registered agent as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

SIGNATURE Shelly Rubin
DATE 10/17/97

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Shelly Rubin
DATE 10/17/97

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

CR2E045 (7-90)

FILING FEE: \$35.00