

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-01-2003 90128 007 ***150.00

DOCUMENT # P95000045956

1. Entity Name
LENNAR MAYFAIR HOLDINGS, INC.



Principal Place of Business
**760 NW 107TH AVE
STE 300
MIAMI FL 33172
US**

Mailing Address
**760 NW 107TH AVE
STE 300
MIAMI FL 33172
US**

11030994



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

1601 Washington Ave., Suite 800
Miami Beach, FL 33139

1601 Washington Ave., Suite 800
Miami Beach, FL 33139

4. FEI Number **65-0596506**

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
STE 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** Delete
NAME **MILLER, LEONARD**
STREET ADDRESS **700 N.W. 107TH AVE.**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **V** Delete
NAME **RUBIN, SHELLY**
STREET ADDRESS **760 N.W. 107TH AVE.- STE 300**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE _____ Change Addition
NAME **1601 Washington Ave., Suite 800**
STREET ADDRESS **Miami Beach, FL 33139**
CITY-ST-ZIP _____

TITLE **AC** Delete
NAME **LIEBERMAN, ARTHUR J**
STREET ADDRESS **760 N.W. 107TH AVE.- STE 300**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE _____ Change Addition
NAME **1601 Washington Ave., Suite 800**
STREET ADDRESS **Miami Beach, FL 33139**
CITY-ST-ZIP _____

TITLE **T** Delete
NAME **JORDAN, MARGARET**
STREET ADDRESS **760 N.W. 107TH AVE.- STE 300**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE _____ Change Addition
NAME **1601 Washington Ave., Suite 800**
STREET ADDRESS **Miami Beach, FL 33139**
CITY-ST-ZIP _____

TITLE **DC** Delete
NAME **MILLER, STUART A**
STREET ADDRESS **700 N.W. 107TH AVE.**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **DCEO** Delete
NAME **SAIONTZ, STEVEN J.**
STREET ADDRESS **760 N.W. 107TH AVE.- STE 314**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** Change Addition
NAME **848 Brickell Avenue, #100**
STREET ADDRESS **Miami, FL 33131**
CITY-ST-ZIP _____

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: **Arthur J. Lieberman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 **305/695-5500**
Date Daytime Phone #

CR2E034 (10/02)