

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90237 032 \*\*\*150.00

**14008669**



04062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000002602</b>					
1. Entity Name <b>LNR CAPITAL MORTGAGE HOLDINGS, INC.</b>					
Principal Place of Business <b>1601 WASHINGTON AVE., STE 800 MIAMI BEACH, FL 33139</b>			Mailing Address <b>1601 WASHINGTON AVE., STE 800 MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0803512</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RUBIN, SHELLY 1601 WASHINGTON AVE., STE 800 MIAMI BEACH, FL 33139</b>			Name <b>Zena Dickstein</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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  <b>Zena Dickstein</b> DATE <b>4/26/05</b>					
(NOTE: Registered Agent signature required when reappointing)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SAIONTZ, STEVEN J 848 BRICKELL AVE. #100 MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C MILLER, STUART A 700 NW 107 AVE., SUITE 400 MIAMI, FL 33172</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jeffrey P. Krasnoff</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1601 Washington Ave., #800 Miami Beach, FL 33139</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RUBIN, SHELLY L 1601 WASHINGTON AVE., STE 800 MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Steven N. Bjerke</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SHERMAN, MICHAEL J 1601 WASHINGTON AVE., STE 800 MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Margaret A. Jordan</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AC LIEBERMAN, ARTHUR J 1601 WASHINGTON AVE., STE 800 MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AC COOK, PAULA J 1601 WASHINGTON AVE, SUITE 800 MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>Steven N. Bjerke</b> DATE <b>4/26/05</b> (305) 695-5500					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					