

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90237 028 \*\*\*150.00

**DOCUMENT # P98000022067**

1. Entity Name  
LNR AFFORDABLE HOUSING, INC.



Principal Place of Business  
1601 WASHINGTON AVE., STE 800  
MIAMI BEACH, FL 33139

Mailing Address  
1601 WASHINGTON AVE., STE 800  
MIAMI BEACH, FL 33139

**14008673**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
65-0817643

Applied For  
Not Applicable

Zip

Country

Zip

Country

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  
1601 WASHINGTON AVE., STE 800  
MIAMI BEACH, FL 33139

Name  
Zena Dickstein  
Street Address (P.O. Box Number is Not Acceptable)  
City  
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 *Zena M. Dickstein*  
Signature, typed or printed name of registered agent and title if applicable.

Zena Dickstein

4/24/05

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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  
NAME D  
STREET ADDRESS SAIONTZ, STEVEN J  
CITY-ST-ZIP 848 BRICKELL AVE., #100  
MIAMI, FL 33131 ☒ Delete

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

TITLE  
NAME DC  
STREET ADDRESS MILLER, STUART A  
CITY-ST-ZIP 700 NW 107 AVE., STE 400  
MIAMI, FL 33172 ☐ Delete

TITLE  
NAME Jeffrey P. Krasnoff  
STREET ADDRESS 1601 Washington Ave., #800  
CITY-ST-ZIP Miami Beach, FL 33139 ☒ Change ☐ Addition

TITLE  
NAME T  
STREET ADDRESS SHERMAN, MICHAEL J  
CITY-ST-ZIP 1601 WASHINGTON AVE., STE 800  
MIAMI BEACH, FL 33139 ☐ Delete

TITLE  
NAME Margaret A. Jordan  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME V  
STREET ADDRESS RUBIN, SHELLY  
CITY-ST-ZIP 1601 WASHINGTON AVE., STE 800  
MIAMI BEACH, FL 33139 ☐ Delete

TITLE  
NAME Steven N. Bjerke  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME AC  
STREET ADDRESS COOK, PAULA J  
CITY-ST-ZIP 1601 WASHINGTON AVE., STE 800  
MIAMI BEACH, FL 33139 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven N. Bjerke

Date

Daytime Phone #

4/24/05 (305) 695-5500