

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90237 027 ***150.00

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04062005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000073337					
1. Entity Name LNR 99 FUND I MM, INC.					
Principal Place of Business 1601 WASHINGTON AVENUE SUITE 800 MIAMI BEACH, FL 33139			Mailing Address 1601 WASHINGTON AVENUE SUITE 800 MIAMI BEACH, FL 33139		
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 65-0858507	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
RUBIN, SHELLY 1601 WASHINGTON AVENUE SUITE 800 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent	
				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 Dickstein		4/29/05	
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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAIONTZ, STEVEN J		NAME		
STREET ADDRESS	848 BRICKELL AVENUE #100		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, STUART A		NAME	Jeffrey P. Krasnoff	
STREET ADDRESS	700 NW 107TH AVE., STE. 400		STREET ADDRESS	1601 Washington Ave., #800	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBIN, SHELLY		NAME	Steven N. Bjerke	
STREET ADDRESS	1601 WASHINGTON AVENUE, STE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	AC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIEBERMAN, ARTHUR J		NAME		
STREET ADDRESS	1601 WASHINGTON AVENUE, STE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERMAN, MICHAEL J		NAME	Margaret A. Jordan	
STREET ADDRESS	1601 WASHINGTON AVENUE, STE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	AC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, PAULA J		NAME		
STREET ADDRESS	1601 WASHINGTON AVE., STE. 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		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: Steven N. Bjerke					(305) 695-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Day-time Phone #