

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

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

05-01-2003 90128 020 ***150.00

DOCUMENT # **P98000073337**

1. Entity Name
LNR 99 FUND I MM, INC.



Principal Place of Business
**760 N.W. 107TH AVENUE
SUITE 300
MIAMI FL 33172**

Mailing Address
**760 N.W. 107TH AVENUE
SUITE 300
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

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

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



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0858507**

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 N.W. 107TH AVENUE
SUITE 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 _____ (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	<input checked="" type="checkbox"/> Delete
NAME MILLER, LEONARD	
STREET ADDRESS 700 N.W. 107TH AVENUE	
CITY-ST-ZIP MIAMI FL 33172	
TITLE D	<input type="checkbox"/> Delete
NAME SAIONTZ, STEVEN J	
STREET ADDRESS 760 NW 107TH AVE., SUITE 314	
CITY-ST-ZIP MIAMI FL 33172	
TITLE D	<input type="checkbox"/> Delete
NAME MILLER, STUART A	
STREET ADDRESS 700 NW 107TH AVENUE	
CITY-ST-ZIP MIAMI FL 33172	
TITLE VP	<input type="checkbox"/> Delete
NAME RUBIN, SHELLY	
STREET ADDRESS 760 NW 107TH AVE., SUITE 300	
CITY-ST-ZIP MIAMI FL 33172	
TITLE AC	<input type="checkbox"/> Delete
NAME LIEBERMAN, ARTHUR J	
STREET ADDRESS 760 NW 107 AVENUE, SUITE 300	
CITY-ST-ZIP MIAMI FL 33172	
TITLE T	<input type="checkbox"/> Delete
NAME JORDAN, MARGARET	
STREET ADDRESS 760 NW 107TH AVE., SUITE 300	
CITY-ST-ZIP MIAMI FL 33172	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	848 Brickell Avenue, #100
CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1601 Washington Ave., Suite 800
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1601 Washington Ave., Suite 800
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1601 Washington Ave., Suite 800
CITY-ST-ZIP	Miami Beach, FL 33139

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

Date: 4/29/03 Daytime Phone #: 305/695-5500

CR2E034 (10/02)