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FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V24079** **(8)**

1. Corporation Name

LENNAR FUNDING CORPORATION

Principal Place of Business	Mailing Address
730 NW 107 AVENUE MIAMI FL 33172	730 NW 107 AVENUE SUITE 110 MIAMI FL 33172 US

3. Date Incorporated or Qualified: **03/26/1992**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0326984** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J.
700 NW 107 AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REED, LINDA		1.2 NAME		
STREET ADDRESS	700 N.W. 107TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	AGUILAR, CARLOS		2.2 NAME	Modist, Debra	
STREET ADDRESS	700 N.W. 107TH AVENUE		2.3 STREET ADDRESS	700 N.W. 107 Ave.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33172	
TITLE	T	☐ DELETE	3.1 TITLE	T\V	☒ Change ☐ Addition
NAME	MUNOZ, JANICE		3.2 NAME		
STREET ADDRESS	700 N.W. 107TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	WATSKY, MORRIS J.		4.2 NAME	Peker Allan S	
STREET ADDRESS	700 N.W. 107TH AVENUE		4.3 STREET ADDRESS	700 NW 107 Avenue	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami FL 33172	
TITLE	DP	☐ DELETE	5.1 TITLE	S\P	☒ Change ☐ Addition
NAME	SAIONTZ, STEVEN J.		5.2 NAME		
STREET ADDRESS	700 NW 107 AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	VDAS	☐ DELETE	6.1 TITLE	D\V	☒ Change ☐ Addition
NAME	KAMINSKY, NANCY		6.2 NAME		
STREET ADDRESS	700 N.W. 107TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Debra Modist 4/8/96 (305) 229-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)