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Block 12 or Block 13 if changed, or on an attachment with an address.

PROFIT FLORIDA DEPARTMENT OF STATE Apr 20 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (8)LENNAR FUNDING CORPORATION Mailing Address Principal Place of Business 760 -700 N.W. 107 AVE 760 N.W. 107 AVE SUITE 110 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE MIAMI FL 33172 3. Date Incorporated or Qualified 03/26/1992 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0326984 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zıp Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WATSKY, MORRIS J. ubin, Shelly 700 NW 107 AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33172** 83 miamo ols of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered, and ascept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the prov office or registered agent. I am familial Shully Ruler W
(NOTE: Registered Agent signature required when reinstating) SIGNATURE typed or printed name of ered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 S AND DIRECTORS 13. 12. DELETE Change Addition DVS 1.1 TITLE TITLE miller, LeonARD REED, LINDA 1.2 NAME 700 NW 107 AVE NAME **700 N.W. 107TH AVENUE** 1.3 STREET ADDRESS STREET ADDRESS MAMI MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change TITLE 2.1 TITLE Rubin, Shelly NAME MODIST, DEBRA 2.2 NAME 700 NW 107TH AVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CITY - ST-ZIP CITY-ST-ZIP Change 3.1 TITLE TITLE JORDAN, Margaret MUNOZ, JANICE 3.2 NAME NAME 700 N.W. 107TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS Miami MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE miller, STUART A. PEKOR, ALLAN J 4. 2 NAME NAME 700 NW 107 AVE **700 NW 107TH AVE** 4.3 STREET ADDRESS STREET ADDRESS miamu MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP CEO Change DELETE Addition 5.1 TITLE TITLE CDP SAIONTZ, STEVEN J 760 NW 107 AVE SAIONTZ, STEVEN J. NAME 5.2 NAME 700 NW 107 AVE. STREET ADDRESS 5.3 STREET ADDRESS 33/72 Miami MIAMI FL 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE me mickle KAMINSKY, NANCY 6.2 NAME NAME 760 NW 107 AVE **700 N.W. 107TH AVENUE** 6.3 STREET ADDRESS STREET ADDRESS 33172 Miomi FL **MIAMI FL** 6.4 CITY - ST- ZIP CITY-ST-ZIP 14. 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 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

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