

56 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V28396 (2)
1. Corporation Name
LENNAR FLORIDA HOLDINGS, INC.

Principal Place of Business 700 NW 107 AVENUE MIAMI FL 33172	Mailing Address 700 NW 107 AVENUE MIAMI FL 33172-3161
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1992	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0328727 65-0328726	Applied For Not Applicable
22 City & State	27	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WATSKY, MORRIS J. 700 NW 107 AVE. 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 607.1505, 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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	NAME	MILLER, LEONARD	1.1 TITLE		Change	Addition
STREET ADDRESS	700 NW 107 AVE.			1.2 NAME			
CITY-ST-ZIP	MIAMI FL			1.3 STREET ADDRESS			
TITLE	DV	NAME	BOLOTIN, IRVING	1.4 CITY-ST-ZIP			
STREET ADDRESS	700 NW 107 AVE.			2.1 TITLE		Change	Addition
CITY-ST-ZIP	MIAMI FL			2.2 NAME			
TITLE	DS	NAME	COLE, ROBERT B.	2.3 STREET ADDRESS			
STREET ADDRESS	700 NW 107 AVE.			2.4 CITY-ST-ZIP			
CITY-ST-ZIP	MIAMI FL			3.1 TITLE		Change	Addition
TITLE	DVS	NAME	PEKOR, ALLAN J.	3.2 NAME			
STREET ADDRESS	700 NW 107 AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	P	NAME	MILLER, STUART	4.1 TITLE		Change	Addition
STREET ADDRESS	700 NW 107 AVE.			4.2 NAME			
CITY-ST-ZIP	MIAMI FL			4.3 STREET ADDRESS			
TITLE	AS	NAME	SANTAELLA, GRACE	4.4 CITY-ST-ZIP			
STREET ADDRESS	700 N.W. 107TH AVENUE			5.1 TITLE		Change	Addition
CITY-ST-ZIP	MIAMI FL			5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE		Change	Addition
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

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

SIGNATURE _____ Grace Santaella 1-13-97 (205) 229-1400

CR2E034 (9/96)