

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90148 007 ***150.00

DOCUMENT # P00000009186

1. Entity Name
LNR 2000 FUND III MM, INC.

A0058544



DO NOT WRITE IN THIS SPACE

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
650977145

Applied For
 Not Applicable

Zip Country

Zip Country

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
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **MILLER, LEONARD**
 STREET ADDRESS **700 N.W. 107TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SAIONTZ, STEVEN J**
 STREET ADDRESS **760 N.W. 107TH AVENUE, SUITE 300**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MILLER, STUART A**
 STREET ADDRESS **700 N.W. 107TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Change Addition
 NAME **Rubin, Shelly**
 STREET ADDRESS **760 NW 107 Ave., Suite 300**
 CITY-ST-ZIP **Miami, FL 33172**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Change Addition
 NAME **Dickstein, Zena**
 STREET ADDRESS **760 NW 107 Ave., Suite 300**
 CITY-ST-ZIP **Miami, FL 33172**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AC** Change Addition
 NAME **Lieberman, Arthur J.**
 STREET ADDRESS **760 NW 107 Ave., Suite 300**
 CITY-ST-ZIP **Miami, FL 33172**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Arthur J. Lieberman** **4/19/01** **305/485-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type the Phone #)

CR2E034 (10/00)