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BILZIN, SUMBERG, ET. AL*****

P. 001

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : BILZIN, SUMBERG DUNN BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)350-2446

02 APR 15 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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02 APR 15 AM 7:30
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

DLJMAC 1996-CF1 ORLANDO HOTEL, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

4502

Fax Audit No.: H02-83250

ARTICLES OF ORGANIZATION
OF
DLJMAC 1996-CF1 ORLANDO HOTEL, LLC

1. The name of the limited liability company is DLJMAC 1996-CF1 Orlando Hotel, LLC.
2. The mailing address and the street address of the principal office of the limited liability company are c/o Lennar Partners, Inc., 760 N.W. 107th Avenue, Suite 400, Miami, Florida 33172.
3. The name and street address of the initial registered agent of the limited liability company are C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.
4. The limited liability company shall be managed by a manager. The name and address of the initial manager of the limited liability company are Lennar Partners, Inc., a Florida corporation, 760 N.W. 107th Avenue, Suite 400, Miami, Florida 33172.

IN WITNESS WHEREOF, these Articles of Organization have been executed by the below named authorized representative of the member of the limited liability company effective as of the 12th day of April, 2002.

//s// Kendall Sparkman
Kendall Sparkman
Authorized Representative

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

CERT
42438177

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

DLJMAC 1996-CF1 Orlando Hotel, LLC

2. The name and address of the registered agent and office is:

C T CORPORATION SYSTEM

(Name)

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Road

(P.O. Box not acceptable)

Plantation, FL 33324

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM

By: _____

PETER F. SOUZA
ASSISTANT SECRETARY

(Signature)

April 12, 2002

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

28

(FL. - LLC 3364 - 3/10/97)

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