2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L02000008846



DLJMAC 1996-CFI ORLANDO HOTEL, LLC Principal Place of Business Mailing Address 1601 WASHINGTON AVENUE #700 1601 WASHINGTON AVENUE #700 C/O LENNAR PARTNERS, INC. C/O LENNAR PARTNERS, INC. MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required wh Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. TITLE ☐ Delete MIE LENNAR PARTNERS, INC. NAME 1601 WASHINGTON AVENUE #700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CfTY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CfTY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this report is true and accurate and that my signature shall have the same legal effect as if made in the sam

By: Lennor Partners, Inc., 4 FL Corp., its manager

04 J. WOLDER VP BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Rondolph

SIGNATURE: 4

Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90095 001 ***850.00

.JMAC	1996-CFI ORLANDO HOTE	EL, LLC						
cipal Place of Business D1 WASHINGTON AVENUE #700 LENNAR PARTNERS, INC. MI BEACH, FL 33139		Mailing Address 1601 WASHINGTON AVENUE #700 C/O LENNAR PARTNERS, INC. MIAMI BEACH, FL 33139		34004703				
rincipal P	face of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03232004 Chg-LLC	CR2E083 (1	0/03)	
City & State		City & State		4. FEI Number APPLIED FOR 32-	0010 730		plied For t Applicable	
Zip	Country Zip		Country		5. Certificate of Status Desired	□ \$5.0	0 Add	itional
	6. Name and Address of Current	Registered Agent			7. Name and Address of New F			
				Name		<u> </u>		
CORPORATION SYSTEM OO SOUTH PINE ISLAND ROAD ANTATION, FL 33324		Street A		Street Address (ress (P.O. Box Number is Not Acceptable)			
•			}	City		FL Z	ip Code	•
he above ne obligati	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	egistere	d office or register	ed agent, or both, in the State of Fic	orida. I am familia	ır with, a	and accept
NATURE .	Signature, typed or printed name of registered agent	and title if anningble (NOTE: E	Danietarad	Agent signature required	Lubon raintation	DATE		
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	ling Fee is \$50.00 ue by May 1, 2004					e check payab a Department o		
	MANAGING MEMBE	RS/MANAGERS	10.		·ADDITIONS	CHANGES		
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T ADORESS ST-ZIP		☐ Defete	TITLE NAME STREET CITY-S	FADDRESS		c	hange	Addition
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ET ADORESS ST-ZIP		□ Delete	CITY-S			c		☐ Addition
indicated	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have the	e same l	legal effect as if m	nade under oath; that I am a manac	further certify tha jing member or m	it the inti anager	ormation of the

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04/12/04