UNIFORM BUSINESS REPORT (UBR)

OCUMENT # L02000008846

ntity Name

JMAC 1996-CFI ORLANDO HOTEL, LLC

FILED

03 APR 25 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ncipal Place of Business	Mailing Address
LENNAR PARTNERS, INC. N.W. 107TH AVE., STE. 400 I FL 33172	C/O LENNAR PARTNERS, INC. 760 N.W. 107TH AVE., STE. 400 MIAMI FL 33172

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	3. Mailing Address
lo Lennar Partners Inc	Same as # 2
Suite, Apt. #, etc. 01 Washington Ave., #700	Suite, Apt. #, etc.
City & State ami Beach, Fl	City & State
Zip 3139 / Country U.S.A	Zip / Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

[illegible] 100018675051
5/09/03--01059--036 **50.00

MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TLE	MGR	☒ Delete	TITLE	Manager	☒ Change ☐ Addition
ME	LENNAR PARTNERS, INC.		NAME	Lennar Partners, Inc	
REET ADDRESS	760 N.W. 107TH AVE., STE. 400		STREET ADDRESS	1601 Washington Ave., Suite 700	
TY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	Miami Beach, Florida 33139	
TLE		☐ Delete	TITLE		☐ Change ☐ Addition
ME			NAME		
REET ADDRESS			STREET ADDRESS		
TY-ST-ZIP			CITY-ST-ZIP		
TLE		☐ Delete	TITLE		☐ Change ☐ Addition
ME			NAME		
REET ADDRESS			STREET ADDRESS		
TY-ST-ZIP			CITY-ST-ZIP		
TLE		☐ Delete	TITLE		☐ Change ☐ Addition
ME			NAME		
REET ADDRESS			STREET ADDRESS		
TY-ST-ZIP			CITY-ST-ZIP		
TLE		☐ Delete	TITLE		☐ Change ☐ Addition
ME			NAME		
REET ADDRESS			STREET ADDRESS		
TY-ST-ZIP			CITY-ST-ZIP		
TLE		☐ Delete	TITLE		☐ Change ☐ Addition
ME			NAME		
REET ADDRESS			STREET ADDRESS		
TY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Lennar Partners, Inc. a Florida Corporation, its manager

SIGNATURE: [signature] Ronald E. Schrager, Vice President 04/24/03 305 695-5126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #