

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90152 006 ****50.00

24080745



DOCUMENT # L03000034612 1. Entity Name FUCMS 2001-C4 MACDILL AVENUE APARTMENTS, LLC					
Principal Place of Business C/O LENNAR PARTNERS, INC. 1601 WASHINGTON AVE., STE. 700 MIAMI BEACH, FL 33139			Mailing Address C/O LENNAR PARTNERS, INC. 1601 WASHINGTON AVE., STE. 700 MIAMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">37 1475614</div>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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	
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. I am familiar with, and accept the obligations of registered agent.				\$5.00 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	MGR	LENNAR PARTNERS, INC.	1601 WASHINGTON AVE., STE. 700		
		MIAMI BEACH, FL 33139			
11. 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.					
SIGNATURE: See Signature Page attached					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 8/4/06 Daytime Phone #					

Attachment
24680745
#L03006034612

FUCMS 2001-C4 Mac Dill Avenue Apartments, LLC, a Florida limited liability company

By: Lennar Partners, Inc., a Florida corporation, its manager

By:


Susan K. Chapman, Vice President