

Division of Corporations

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Florida Department of State
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

AL**LIMITED LIABILITY COMPANY****CSFB 1998-C1 FLORIDA THEATRES, LLC**

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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA****01 JUL 26 AM 7:35****FILED****Electronic Filing Menu****Corporate Filing****Public Access Help**

Fax Audit No.: H01- 84692

**ARTICLES OF ORGANIZATION
OF
CSFB 1998-C1 FLORIDA THEATRES, LLC**

1. The name of the limited liability company is CSFB 1998-C1 Florida Theatres, 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 NW 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 are Lennar Partners, Inc., a Florida corporation, 760 N.W. 107th Avenue, Suite 400, Miami, Florida 33172.
5. The limited liability company shall commence as of 12:01 A.M. on July 25, 2001.

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 25th day of July, 2001.

/s/ Kendall Sparkman
Kendall Sparkman,
Authorized Representative

Fax Audit No.: H01-84692

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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: _____

CSFB 1998-CI Florida Theatres, 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: _____

(Signature)

PETER F. SOUZA
ASSISTANT SECRETARY

July 25, 2001

(Date)

Fax Audit No.: H01-84692

FILING FEE: \$ 35 for Designation of Registered Agent

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