

FEB-25-2004 09:34

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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 : TURNBERRY ASSOCIATES
Account Number : I19990000201
Phone : (305)933-5505
Fax Number : (305)933-5535

SECRETARY OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

Turnberry Development II LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 25, 2004

TURNBERRY ASSOCIATES

SUBJECT: TURNBERRY DEVELOPMENT LLC II
REF: W0400000780104 FEB 25 PM 12:59
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must end with LLC.,

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document SpecialistFAX Aud. #: E040000040068
Letter Number: 204A00012584

H040000400843

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tumbery Development II LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company

Principal Office Address:19501 Biscayne Blvd., Ste. 400Aventura, FL 33180**Mailing Address:**19501 Biscayne Blvd., Ste. 400Aventura, FL 33180SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Mario Romine, Esq.

Name

19501 Biscayne Blvd., Ste. 400Florida street address (P.O. Box **NOT** acceptable)AventuraFLORIDA 33180

City, State, and 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 as provided for in Chapter 608, Florida Statutes.



Registered Agent's Signature

H040000400843

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jeffrey Soffer

19501 Biscayne Blvd., Ste. 400

Aventura, FL 33180

MGRM

Jacquelyn Soffer

19501 Biscayne Blvd., Ste. 400

Aventura, FL 33180

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JEFFREY SOFFER

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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CONSENT TO USE OF NAME

TURNBERRY DEVELOPMENT, LLC, a limited liability company organized under the laws of the State of Florida, hereby consents to the formation of TURNBERRY DEVELOPMENT II LLC in the State of Florida.

IN WITNESS WHEREOF, the said TURNBERRY DEVELOPMENT, LLC has caused this consent to be executed and attested to this 24th day of February, 2004.

TURNBERRY DEVELOPMENT, LLC,
Florida limited liability company

BY: 

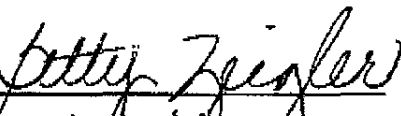
NAME: Jeffrey Soffer

TITLE: Managing Member

04 FEB 25 PM 1:00
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TALLAHASSEE, FLORIDA

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Witness:

BY: 
NAME: Betty Ziegler

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TOTAL P.05