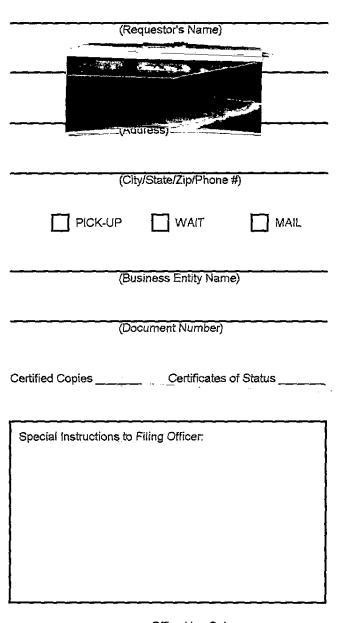
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SECRETATION TIMES

BBC Florida Family Vacations, LLC 1414 Devonshire Ct. Altamonte Springs, FL 32714 (407) 292-5840

May 27, 2005

Florida Department of State Division of Corporations P.O. Box 6327
Tallahassee, Florida 32314

Gentlemen:

Enclosed please find executed Articles of Organization for Florida Limited Liability Company for BBC Florida Family Vacations, LLC, together with a check in the amount of \$125.00 covering fees related to filing, designation of registered agent, and certified copy.

In the event that the corporate name is not available, please advise the undersigned at telephone (407) 292-5840.

Thank you for your prompt attention to this matter.

Very truly yours,

P. Eves

Enclosure

5 JUN -6 PH 12: 40
ECHELMIN STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | CLE I - Name: une of the Limited Liability Company is: BBC Florida Family Va | acations, LLC |
|----------------------|--|---|
| | CLE II - Address: ailing address and street address of the principal office of the Limited | Liability Company |
| | 1414 Devonshire Ct. Altamonte Springs, FL 32714 | |
| | CLE III - Registered Agent, Registered Office, & Registered Agen me and the Florida street address of the registered agent are: | t's Signature: |
| | Gary P. Eves | |
| | Name | |
| | Florida street address (P.O. Box NOT acceptable) | |
| | Altamonte Springs, FL 32714 | |
| | City, State and Zip | |
| register statutes | company at the place designated in this certificate, I hereby accept the appeted agent and agree to act in this capacity. I further agree to comply with the relating to the proper and complete performance of my duties, and I am faigations of my position as registered agent as provided for in Chapter 608, the Registered Agent's Signature | he provisions of all miliar with and accept |
| ⊠ The | CLE IV - Management (Check box if applicable.) Limited Liability Company is to be managed by one manager or more | e managers and is, |
| therefo | re, a manager - managed company. | |
| | May Like | |
| | Signature of a member or an authorized representative of a member. | O IA |
| | (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.) | FILED 5 JUN -6 PM ECRETANT E LLAHASSEE, FI |
| | Gary P. Eves | |
| | Typed or printed name of signee | ED PM12: 40 E FLORIDA |