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ALLANASSEE, FLORING

### THOMPSON COBURN

August 16, 2005

Thompson Coburn LLP Attorneys at Law

One US Bank Plaza St. Louis, Missouri 63101 314-552-6000 FAX 314-552-7000 www.thompsoncoburn.com

Sandra S. Rhodes Legal Assistant 314-552-6236 FAX 314-552-7236

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

Re: Data Properties, LLC.

Dear Sir or Madam:

I have enclosed Articles of Correction for the referenced company for filing with your office, along with a check for \$25 and a copy of the original Articles of Organization. We listed an incorrect name for one of the managers. I do not know if you need the Transmittal Letter but I am sending it anyway.

Please call if you have any questions. A self-addressed envelope is enclosed for use in returning a filed copy to me. Thank you.

Very truly yours,

Thompson Coburn LLP

R. D. Alaskes

Sandra S. Rhodes Legal Assistant

Enclosure

#### TRANSMITTAL LETTER

	ation Section n of Corporations		
SUBJECT:	Data Properties, LLC		
·	(Name of Limited Liability Company)	<del>*</del>	147. s
	Correction		
The enclosed Ar	ticles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	Sandra S. Rhodes		* . <u>-</u> - /- *
	(Name of Person)		, – ,
	Thompson Coburn LLP	<u>.                                    </u>	•
	(Firm/Company)		
	One US Bank Plaza, Suite 3500		
<del></del>	(Address)		
	St. Louis, MO 63101		-
	(City/State and Zip Code)		
For further infor	mation concerning this matter, please call:		
San	dra S. Rhodes at (314) 552-6236 (Name of Person) (Area Code & Daytime Telephone Number)		
	(Name of Person) (Area Code & Daytime Telephone Number)		

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 SECREDARY OF STATE

### ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

<u>FIR\$1</u>	<u>r</u> :	The name of the limited liability company is:			
Da	ta Pr	operties, LLC		,	
<b>SECO</b>	<u>ND</u> :	The articles of organization or the application to transact business			-
(CH	ECK T	HE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	ATEMENT		
<b>I</b> X	incorr	ins an incorrect statement. The incorrect statement, the reason the statect, and the corrected statement are as follows:  of the managers on page 2 was listed as Viviana Akerm		वे का.	.,
	name	should be Viviana Acheen Suligoj. The address is co	rrect.		. ···
				<del>-</del>	
	<u>or</u>	· ,			
		efectively signed. The manner in which the document was defectivel propriate correction is as follows:	y signed and	- -	
				te y	· · · · · ·
			05 AUG SECRET		· · · · · · · · · · · · · · · · · · ·
Dated:	Aug	Signature of a member or withorized representative of a member.	ACT OF STATE ASSEE, FLORIDA		= 1 <b>2</b>
		James L. Fogle, Authorized Representative  Typed or printed name of signee	4. <b>.</b> -	·	

\$25.00 '

\$30.00 (optional)

Filing Fee:

Certified Copy:

CR2E062(3/00)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA LIMITED LIABILITY COMPANY		
RTICLE I - Name: The name of the Limited Liability Company is:		
Data Prog	perties, LLC	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
8202 Southwest 85 Terrace	8202 Southwest 85 Terrace	
Miami, FL 33143	Miami,FL 33143	
,		
ARTICLE III - Registered Agent, Registe	red Office. & Revistered Agent's Signature:	

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

Fernando Akerman		
	Name	
8202 Southwest 8	5 Terrace	
Plorida street add	ress (P.O. Box <u>NOT</u> acceptable)	
Miami	FLORIDA 33143	
Cin	State, and Zin	

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

Fernando Akerman

Page 1 of 2 (CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Fernando Akerman
-	8202 Southwest 85 Terrace
	Miami, FL 33143
MGR	Viviana Akerman
	8202 Southwest 85 Terrace
	Miami, FL 33143
the state of the s	
(Use attachment if necessary)	
NOTE: An additional article must	t be added if an effective date is requested.
REQUIRED SIGNATURE:	- ·
Signature of a member or	n authorized Representative of a member.  608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury re true.)
By: James L. Fogl	
Typed o	r orinted name of signee

#### 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)