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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CABI 301 Residential GP, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

OF

CABI 301 RESIDENTIAL GP, LLC

ARTICLE I - Name

The name of the Limited Liability Company is CABI 301 Residential GP, LLC (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 19950 W. Country Club Drive, Suite 900, Aventura, Florida 33180.

ARTICLE III - Management

The Company shall be managed by its managers, as set forth in the company's Operating Agreement and is therefore a manager-managed Company.

ARTICLE IV - Registered Agent and Office

The name and street address of the Company's initial registered agent and office is Corporation System, 1200 S. Pine Island Road, Plantation, Florida 33324.

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.

Dated this 31st day of January, 2006.



Ozzie A. Schindler
Authorized Representative

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FLORIDA
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ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608.

Dated this 31st day of January, 2006

CT Corporation System

By: Connie Bryan
Name: CONNIE BRYAN
Title: SPECIAL ASSISTANT SECRETARY

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