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To:

Division of Corporations

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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600

Fax Number : (813)229-1660

UN -9 AM 8:

FLORIDA/FOREIGN LIMITED LIABILITY CO

RECEIVED
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IVIS:ON OF CORPORATION

The Shoppes at Lake Placid, LLC

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ARTICLES OF ORGANIZATION THE SHOPPES AT LAKE PLACID, LLC

ARTICLE I - NAME:

The name of the Limited Liability Company is The Shoppes at Lake Placid, LLC.

ARTICLE II - ADDRESS:

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

3651 Hollow Trail Court Palm Harbor, FL 34684

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledged them to be my act this Z day of June, 2006.

Signature of 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.)

Paul A. Gasner
Type or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is The Shoppes at Lake Placid, LLC.
- The name and the Florida street address of the registered agent is:

Paul A. Gasner 3651 Hollow Trail Court Palm Harbor, Plorida 34684

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.

Signature

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