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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Aquila Binks Forest Development LLC**

Certificate of Status	1
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
AQUILA BINKS FOREST DEVELOPMENT LLC  
a Florida limited liability company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

1. NAME. The name of the limited liability company is Aquila Binks Forest Development LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: c/o Aquila Property Company, Inc., 15430 Endeavour Drive, Jupiter, Florida 33478.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization are: NRAI Services, Inc., 2731 Executive Park Drive, Suite 4, Weston, Florida 33331.

The undersigned has executed these Articles of Organization on the 20th day of April, 2007.

AQUILA BINKS FOREST DEVELOPMENT LLC

By: \_\_\_\_\_

Jordan Paul, Authorized Representative

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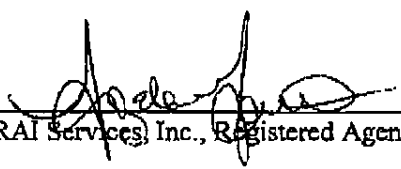
**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is: Aquila Binks Forest Development LLC.
2. The name and address of the registered agent and office are:

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
Weston, Florida 33331

*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 its 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.*

  
NRAI Services, Inc., Registered Agent

  
(Date)