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To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : STONEBURNER BERRY & SIMMONS, P.A.
 Account Number : I20010000084
 Phone : (904) 393-9000
 Fax Number : (904) 396-9001

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SMG REO, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMG REO, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Midland Loan Services, Inc.
10851 Mastin Blvd.
Overland Park, KS 66210

Midland Loan Services, Inc.
10851 Mastin Blvd.
Overland Park, KS 66210

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

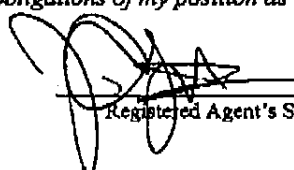
J. Cameron Story, III, Esq.
Name

841 Prudential Drive, Suite 1400
Florida street address (P.O. Box NOT acceptable)

Jacksonville, FL 32207
City, State, and Zip

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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, F.S..



Registered Agent's Signature (REQUIRED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

Midland Loan Services, Inc.
10851 Mastin Blvd.
Overland Park, KS 66210

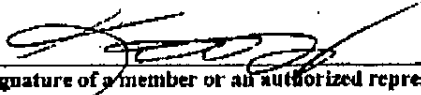
MGRM _____

Wells Fargo Bank N.A., as Trustee for the Registered Holders
of CBA Commercial Assets, Small Balance Commercial
Mortgage Pass-Through Certificates, Series 2006-1

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a 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.)

~~Kevin G. Donahue~~
~~Bradley J. Hadden~~ Sr. Vice President

Typed or printed name of signer

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TALLAHASSEE FLORIDA

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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