

Division of Corporations

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Division of Corporations
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(((H01000019597 3)))

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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : BILZIN, SUMBERG DUNN PRICE & AXELROD LLP
Account Number : 075350000132
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Fax Number : (305) 350-2446

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AL1

LIMITED LIABILITY COMPANY

PLC Holdings II, L.C.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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FAX AUDIT NO. H01- 19597

**ARTICLES OF ORGANIZATION
OF
PLC HOLDINGS II, L.C.,
a Florida limited liability company**

1. The name of the limited liability company is PLC Holdings II, L.C. (the "Company").
2. The mailing and street address of the principal office of the Company is c/o Lowell Potiker, 3366 North Torrey Pines Court, Suite 210, La Jolla, California 92037.
3. The name and street address of the initial registered agent of the Company are:

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324.
4. The Company will be a manager-managed limited liability company.

Dated: as of February 26, 2001.

By: Deborah R. Mayo
Deborah R. Mayo, Authorized Representative

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TALLAHASSEE, FLORIDA

FAX AUDIT NO. H01- 19597

Fax Audit No. H01-19597

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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: PLC Holdings II, L.C.

2. The name and address of the registered agent and office is:

C T CORPORATION SYSTEM

(Name)

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Road

(P.O. Box not acceptable)

Plantation, FL 33324

(City/State/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.

C T CORPORATION SYSTEM

By: _____

(Signature)

PETER F. SOUZA
ASSISTANT SECRETARY02/21/2001

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

28

(FL. - LLC 3364 - 3/10/97)

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