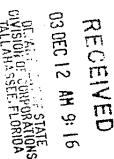
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Scramous Sopres
Special Instructions to Filing Officer:





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ACCOUNT NO.: 072100000032 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 160.00 ORDER DATE: December 11, 2003 ORDER TIME : 4:16 PM ORDER NO. : 356169-020 CUSTOMER NO: 4304492 CUSTOMER: Ms. Nadine Bryant Piper Rudnick Llp Suite 1800 203 North Lasalle Street Chicago, IL 60601-1293 DOMESTIC FILING NAME: SUMMERWALK MANAGER LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX _ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Troy Todd - EXT. 1140 EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	والمارات
, , ,	·n.
Summerwalk Mana	ager LLC
ARTICLE II - Address: The mailing address and street address of the price.	ncipal office of the Limited Liability Compan
Principal Office Address:	Mailing Address:
100 North LaSalle Street, Suite 910	100 North LaSalle Street, Suite 91
Chicago, Illinois 60602	Chicago, Illinois 60602
ARTICLE III - Registered Agent, Registered of the name and the Fiorida street address of the re	gistered agent are:
	gistered agent are:
The name and the Florida street address of the re Marc Richma	gistered agent are:
The name and the Florida street address of the re Marc Richma Name	gistered agent are: Drive
The name and the Florida street address of the re Marc Richma Name 5037 Wesley	Drive Box NOT acceptable)
The name and the Fiorida street address of the re Marc Richma Name 5037 Wesley Florida street address (P.O.	Drive Box NOT acceptable) FLORIDA 33647
The name and the Florida street address of the re Marc Richma Name 5037 Wesley Florida street address (P.O. Tampa	Drive Box NOT acceptable) FLORIDA 33647 d Zip ice of process for the above stated limited liabile accept the appointment as registered agent and the provisions of all statutes relating to the prowith and accept the obligations of my position.

Page 1 of 2 (CONTINUED)

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 MGR Gary S. Richman 100 North LaSalle Street, Suite 910 Chicago, Illinois 60602 (Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

D-12312 H-W A

David V. Hall - Authorized Representative

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)