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From:

Account Name ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 : (904)398-3911 Phone Fax Number : (904)396-0663

LIMITED LIABILITY COMPANY

Doctor's Inlet Associates, LLC

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ARTICLES OF ORGANIZATION OF DOCTOR'S INLET ASSOCIATES LLC

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act; Chapter 608, Florida Statutes, as the same may from time to time be amended (the "Act").

ARTICLE I

The name of the limited liability company (the "Company") is:

DOCTOR'S INLET ASSOCIATES LLC

ARTICLE II TERM

The existence of the Company shall commence upon filing of these Articles of Organization with the Florida Department of State and its existence shall be perpetual

ARTICLE III ADDRESSES

The initial mailing address of the Company is 40 E. 69th Street, New York, New York 10021.

The initial street address of the principal office of the Company is 40 E. 69th Street, New York, New York 10021.

ARTICLE IV REGISTERED AGENT

The name and street address of the initial registered agent of the Company are: Joseph E. Maguire, 2499 Glades Road, Suite 111, Boca Raton, Florida 33431.

Preared by: Charles Curley, Esquire

Florida Bar No.: 89249

1301 Riverplace Blvd., Suite 1500

Jacksonville, Florida 32207

Ph: (904) 398-3911

FILED

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ARTICLE V LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether axising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being the authorized representative of a Member of the Company has executed these Articles of Organization this \underline{I} day of May, 2000.

Joseph E. Maguire, Authorized Representative

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ROGERS TOWERS

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provinions of Section 608.415 or 608.507, Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the State of Florida.

The name of the limited liability company is:

DOCTOR'S INLET ASSOCIATES LLC

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

JOSEPH E. MAGUIRE 2499 GLADES ROAD, SUITE 111 BOCA RATON, FLORIDA 33431

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 coursly with the provisions of all standes 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.

Dated: May 1, 2000

Signature of Registered Agent

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SECRETARY OF SHATL
AREASSEE, FLORIDA