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ACCOUNT NO. : 072100000032

REFERENCE : 771864 4732152

AUTHORIZATION :

Patricia Pigot

MUH

COST LIMIT : \$ 155.00

ORDER DATE : July 21, 2000

ORDER TIME : 11:19 AM

ORDER NO. : 771864-005

CUSTOMER NO: 4732152

700003331537--8

CUSTOMER: Ms. Tristan Hoffman
Gartner Brock & Simon

Suite 203
1660 Prudential Drive
Jacksonville, FL 32207

DOMESTIC FILING

NAME: LAUREL PLACE GP, 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: Jeanine Reynolds - EXT. 1133

EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 21 PM 2:20

RECEIVED
00 JUL 21 PM 12:48
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

File 1st

ARTICLES OF ORGANIZATION
OF
LAUREL PLACE GP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 21 PM 2:20

The undersigned, desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization.

ARTICLE I
NAME

The name of the Limited Liability Company shall be LAUREL PLACE GP, LLC.

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 15436 North Florida Avenue, Suite 101, Tampa, Florida 33613.

ARTICLE III
PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV
DURATION

The period of duration for the Limited Liability Company shall commence on July 20, 2000, and shall continue perpetually, unless terminated: (i) in accordance with the Company's Regulations, (ii) by the unanimous written agreement of all Members, (iii) by the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or (iv) upon the occurrence of any other event which terminates the continued membership of a Member. However, upon any such termination event, the existence and business of the Company may be continued with the consent of a majority of the remaining Members of the Company, or by amendment of these Articles of Organization providing for the continued existence of the Company.

ARTICLE V MANAGEMENT

The Company shall be conducted, carried on, and managed by no fewer than three (3) Managers, who shall be elected annually by the Members of the Company in the manner prescribed by and provided in the Regulations of the Company. Such Managers shall also have the rights and responsibilities described in the Regulations of the Company. The names and addresses of the initial Managers are as follows:

W. Parkinson Myers
15436 North Florida Avenue
Suite 101
Tampa, Florida 33613

Victor R. Fransen
8221 Old Courthouse Road
Suite 204
Vienna, VA 22182

Eric E. Muller
601 Bayshore Blvd.
Suite 830
Tampa, Florida 33606

Such Managers shall serve in such capacity until the first annual meeting of the Members or until their successors are duly elected and qualified.

ARTICLE VI ADMISSION OF ADDITIONAL MEMBERS

Additional Members may be admitted upon the approval of a majority of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Regulations of the Company.

ARTICLE VII REGISTERED AGENT AND OFFICE

The Company designates 15436 North Florida Avenue, Suite 101, Tampa, Florida 33613, as the street address of the initial registered office of the Company and names W. Parkinson Myers, as the Company's initial registered agent at that address to accept service of process within this State.

19th IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this
day of July, 2000.

W. Parkinson Myers
W. Parkinson Myers, Manager

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: Laurel Place GP, LLC.
2. The name and address of the registered agent and office is:

W. Parkinson Myers
15436 North Florida Avenue
Suite 101
Tampa, Florida 33613

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.

W. Parkinson Myers
W. Parkinson Myers

Date: 7/19/00