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To:

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LIMITED LIABILITY COMPANY

LAKES-KINGDOM II LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 30, 2001

EMPIRE

SUBJECT: LAKES-KINGDOM II LLC
REF: W01000007212

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Michelle Hodges
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ARTICLES OF ORGANIZATION
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The name of the Limited Liability Company is LAKES KINGDOM II LLC

ARTICLE II
ADDRESS

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

136990 SW 142 TERRACE
Miami Fl. 33186.

ARTICLE III
REGISTERED AGENT

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

Gilbert A. Contreras Esq.
255 Alhambra Circle Suite 425
Coral Gables, Florida 33134

ARTICLE IV
MANAGEMENT


The Limited Liability Company is to be managed by one manager and is a manager-managed company. The initial manager of the Company is Lakes Kingdom II Inc., a Florida corporation.

In accordance with section 608.08(3), Florida statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.

The undersigned has executed these Articles of Organization on this 30 day of March, 2000.

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TALLAHASSEE, FLORIDA



GILBERT A. CONTRERAS

STATE OF FLORIDA

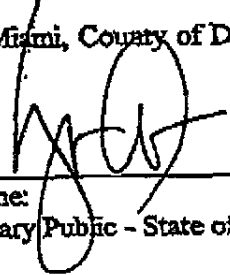
ss:

COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared **GILBERT A. CONTRERAS, ESQ.** as the incorporator of Lakes Kingdom II LLC, a Florida Limited Liability Company, the party to the foregoing Articles of Organization, known to me to be the person who executed the same freely and voluntarily and that the facts stated therein are truly set forth.

WITNESS my hand and seal at Miami, County of Dade, State of Florida on this 30 day of March, 2000.

My Commission Expires:



Name:
Notary Public - State of Florida



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

Gilbert A. Contreras, Esq
Name
265 Alhambra Circle, Suite 425
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32834
City, State, and Zip

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

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