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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BILZIN, SUMBERG DUNN PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 350-2446

LIMITED LIABILITY COMPANY

PSSFC 1995-C1 ABBEY GARDENS, LLC

Certificate of Status	1
Certified Copy	1
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TALLAHASSEE, FLORIDA

FAX AUDIT NO. H01- 42767

ARTICLES OF ORGANIZATION
OF
PSSFC 1995-C1 ABBEY GARDENS, LLC

1. The name of the limited liability company is PSSFC 1995-C1 ABBEY GARDENS, LLC.
2. The mailing address and the street address of the principal office of the limited liability company are c/o Lennar Partners, Inc., 760 N.W. 107th Avenue, Suite 400, Miami, Florida 33172.
3. The name and street address of the initial registered agent of the limited liability company are C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.
4. The limited liability company shall be managed by a manager. The name and address of the initial manager of the limited liability company is Lennar Partners, Inc., 760 N.W. 107th Avenue, Suite 400, Miami, Florida 33172.

IN WITNESS WHEREOF, these Articles of Organization have been executed by the belownamed authorized representative of the member of the limited liability company effective as of the 20th day of April, 2001.


Kendall Sparkman
Authorized Representative

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**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: _____

PSSFC 1995-C1 ABBEY GARDENS, LLC

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)

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 SECRETARY

April 20, 2001

(Date)

FAX AUDIT NO.: H01-42767

FILING FEE: \$ 35 for Designation of Registered Agent

SECRETARY OF STATE
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