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ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION:

COST LIMIT : \$ 160.00

ORDER DATE: July 17, 2001

ORDER TIME : 10:21 AM

ORDER NO. : 224069-005

600004480826--3

CUSTOMER NO: 83930A CUSTOMER:

Robert W. Frazier, Jr., Esq

Frazier Hotte & Associates, Pa

Suite 826

2400 East Commercial Boulevard

Ft. Lauderdale, FL 33308

DOMESTIC FILING

NAME:

INDIAN RIVER FAIRWAYS, LLC

EFFECTIVE DATE: 7/16/2001

XX ARTICLES OF ORGANIZATION ___

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

<u>NAME</u>

The name of the limited Liability Company is INDIAN RIVER FAIRWAYS,

ARTICLE II

LLC.

ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 19333 Collins Avenue, Apartment 810, North Miami Beach, Florida 33160.

ARTICLE III

MANAGEMENT

The Limited Liability Company is to be managed by two or more of the members and the name and address of the initial managing members are: Nathan Kalichman, 19333 Collins Avenue, Apartment 810, North Miami Beach, Florida, 33160 and Gary E. Juster, 303 South Broadway, Suite 450, Tarrytown, New York 10591-5410.

ARTICLE III

EFFECTIVE DATE

The effective date of this Limited Liability Company is as of July 16, 2001.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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



ROBERT W. FRAZIER, JR., ESQ. FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 East Commercial Boulevard, Suite 826 Fort Lauderdale, Florida 33308

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.

Resident Agent's Signature

Signature of a member or an authorized representative of a member

(In accordance with §608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Robert W. Frazier. Jr., Esq., authorized representative
Typed or Printed name of signee

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OI JUL 17 AM 11:28
SECRETARY OF STATE
TALLAHASSEF, FI COM

APPRUVES AND FILED