Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: BIUZIN, SUMBERG DUNN BAENA PRICE & AXELROD LLP.

Account Number : 075350000132

: (305)374-7580

Fax Number : (305)350-2446

LIMITED LIABILITY COMPANY

CSFB 1998-C1 SARASOTA, LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION OF CSFB 1998-C1 SARASOTA, LLC

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 SHVARAGEE FLORID
- The name of the limited liability company is CSFB 1998-C1 Sarasota, 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 NW 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 Pinc Island Road, Plantation, Florida 33324.
- 4. The limited liability company shall be managed by a Manager. The name and address of the initial Manager are Lemar Partners, Inc., a Florida corporation, 760 N.W. 107th Avenue, Suite 400, Miami, Florida 33172.
- 5. The limited liability company shall commence as of 12:01 A.M. on July 25, 2001.

IN WITNESS WHEREOF, these Articles of Organization have been executed by the below named authorized representative of the member of the limited liability company effective as of the 25th day of July, 2001.

/s/ Kendall Sparkman 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 OF-FICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:		
CSFB 1998-C1 Sarasota, LLC		
Post Control of the C	9	
2. The name and address of the registered agent and office is:	JUL 25	
C T CORPORATION SYSTEM		<u>-</u>
(Name)		
C/O C T CORPORATION SYSTEM, 1200 South Pine Island Road	9:33	-
Plantation, FL 33324		
(Gity/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 C T CORPORATION SYSTEM		

Fax Audit No.: H01-84694

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

(Signature) PETER F. SOUZA

ASSISTANT SECRETARY