

Division of Corporations

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Florida Department of State
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To:

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

From: **GAIL S. ANDRE**

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)843-4444

PLEASE ARRANGE FILING OF THE ARTICLES OF ORGANIZATION WITH AN EFFECTIVE DATE OF TODAY, OCTOBER 11, 2001, AND RETURN TO ME A CERTIFICATION AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER. GAIL S. ANDRE

LIMITED LIABILITY COMPANY**STONEWOOD DR. PHILLIPS REAL ESTATE, LLC**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION
OF
STONEWOOD DR. PHILLIPS REAL ESTATE, LLC

ARTICLE I - NAME


The name of this limited liability company is STONEWOOD DR. PHILLIPS REAL ESTATE, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 140 South Atlantic Avenue, Suite 300, Ormond Beach, Florida 32176.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 140 South Atlantic Avenue, Suite 300, Ormond Beach, Florida 32176, and the name of the initial registered agent of the Company at that address is Douglas E. Sullivan.



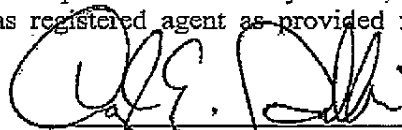
Signature of an Authorized Representative of a Member

Douglas E. Sullivan

Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



Douglas E. Sullivan

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