

# L02000005865

## Florida Department of State

Division of Corporations

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**To:**

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

**From:**

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

AL

## LIMITED LIABILITY COMPANY

CCMSC 2000-1 BROWARD PLAZA, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

Fax Audit No.: H02-53871

ARTICLES OF ORGANIZATION  
OF  
CCMSC 2000-1 BROWARD PLAZA, LLC

FILED  
STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
02 MAR 12

1. The name of the limited liability company is CCMSC 2000-1 Broward Plaza, 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., a Florida corporation, 760 N.W. 107th Avenue, Suite 400, Miami, Florida 33172.

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 11<sup>th</sup> day of March, 2002.

/s/ Kendall Sparkman  
Kendall Sparkman  
Authorized Representative

**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: \_\_\_\_\_

CCMSC 2000-1 Broward Plaza, LLC

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 MAR 12

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: \_\_\_\_\_

PETER F. SOUZA  
ASSISTANT SECRETARY

(Signature)

3/11/02  
(Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**

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(FL. - LLC 3364 - 3/10/97)

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TOTAL P.03