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To:

Division of Corporations

Fax Number

: (850)205-0383

RESUBMIT

Please give original submission date as file date.

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)521-1030

LIMITED LIABILITY COMPANY

RIVER OAKS MOB INVESTORS LLC

Certificate of Status

Certified Copy

Page Count

Estimated Charge

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Secretary of State

October 3, 2002

CORPORATION SERVICE COMPANY

RESUBINIT

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submission date as file date.

SUBJECT: RIVER OAKS MOB INVESTORS LLC

REF: W02000028565

We received your electronically transmitted document. However, the document has not been filed. Flease make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Corporate Specialist FAX Aud. #: 802800207257 Letter Number: 402A08855596

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OCT. 2, 2002 4:06PM

NO. 4463

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

River Cake MOB Investors LLC

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3399 PGA Boulevard, Suite 240, Palm Beach Gardens, PL 33410

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

-	Corporation S		pany	<u>.</u>		
-	1201 Hays Street Florida street address (P.O. Box NOT acceptable)				02	
-	Tallahassee City, State,	FL and Zip	32301	RETAKI	OCT -:	T
Having been named as registered agent and to accept service of process for the above stated limited llability 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 programs 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. Composition Service Company Cynthia L. Harris By: Registered Agent's Signature					o[all	

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

> (An additional article must be added if an effective date is requested) Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Mitchall R. Lubart Typed or printed name of signee

> > Filling Fees:

S100.00 Filing Fee for Articles of Organization S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)