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D&C
ATTORNEYS AT LAW

DENT & COOK
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

P.O. BOX 3259 • SARASOTA, FLORIDA 34230

DENT & ASSOCIATES, P.A.

JOHN C. DENT, JR.
SHERRI L. JOHNSON
JOE D. DINGESS

RICHARD A. MILLER
OF COUNSEL

JOHN F. COOK, P.A.
JOHN F. COOK

October 7, 2002

FILED
02 OCT 11 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

600008341056--7
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****155.00 ****155.00

Re: Shadows North, L.L.C.

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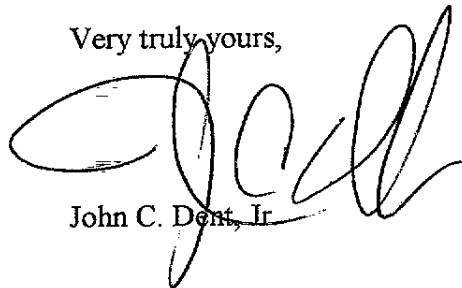
Dear Sir or Madam:

Enclosed please find Articles of Organization of Shadows North, L.L.C. for filing, together with a copy for certifying.

Also, enclosed is my firm's check in the amount of \$155.00, representing filing fees - \$100.00, certified copy - \$30.00, and registered agent designation - \$25.00.

Please forward the Certificate of Organization, together with a certified copy of the Articles of Organization, to the undersigned at your earliest opportunity.

Very truly yours,



John C. Dent, Jr.

JCD/eb
Enclosures

ARTICLES OF ORGANIZATION

OF

SHADOWS NORTH, L.L.C.

These Articles of Organization are executed and submitted to the Florida Department of State for filing pursuant to the provisions of Sections 608.401, et seq., of the Florida Statutes.

NAME OF THE LIMITED LIABILITY COMPANY: The name of the limited liability company is SHADOWS NORTH, L.L.C.

DURATION: The period of the limited liability company's duration is perpetual.

MAILING ADDRESS OF PRINCIPAL OFFICE: The mailing address of the principal office of the limited liability company is:

P.O. Box 37606
Sarasota, Florida 34278

STREET ADDRESS OF PRINCIPAL OFFICE: The street address of the principal office of the limited liability company is:

1715 Hyde Park
Sarasota, Florida 34239

INITIAL REGISTERED AGENT: The name and street address of the limited liability company's initial registered agent in the State of Florida is:

John C. Dent, Jr., Esquire
Dent & Associates, P.A.
330 South Orange Avenue
Sarasota, Florida 34236

The registered agent's signature below acknowledges his familiarity with and acceptance of the obligation of said position.

CONTINUATION OF COMPANY: In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of any member, the limited liability company may continue its existence by the remaining member or members.

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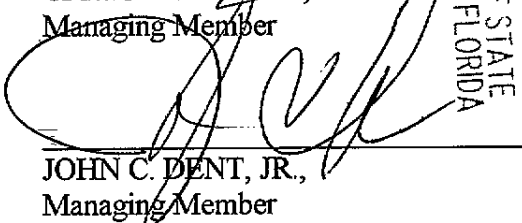
MANAGEMENT: The limited liability company is to be managed by a managing member. The name and address of the managing members are:

Craig Holliday
P.O. Box 37606
Sarasota, Florida 34278

John C. Dent, Jr.
P.O. Box 3259
Sarasota, Florida 34230

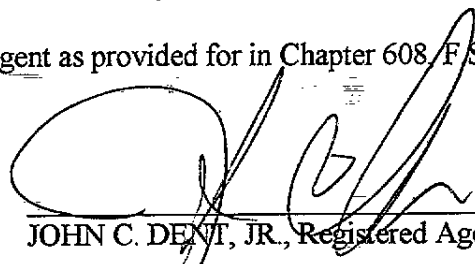
In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Dated this 7th day of October, 2002.


CRAIG HOLLIDAY,
Managing Member

JOHN C. DENT, JR.,
Managing Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


JOHN C. DENT, JR., Registered Agent

Dated: October 7, 2002