

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH

Account Number: 076077001702 Phone: (407)841-1200 Fax Number: (407)423-1831

LIMITED LIABILITY COMPANY

Grove Street, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

GROVE STREET, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is: 11507 North Shore Golf Club Blvd., Orlando, Florida 32832.

ARTICLE III - Registered Agent and Office and Registered Agent's Signature

Douglas R. Russell 11507 North Shore Golf Club Blvd. Orlando, FL 32832

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.

Registered Agent's Signature

ARTICLE IV - Management

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

Date: October 16, 2002

Print Name: Douglas R. Russell Authorized Representative of a Member

Signature of a member or 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.)

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