

# L020000028915

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT CORPORATION**

October 29, 2002

Secretary of State, Florida  
409 East Gaines Street  
N/A  
Tallahassee FL 32399

Re: Order #: 5711357 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Lake Morton Heights Apartments, LLC (FL)  
Formation  
Florida

*4:30 Run Today's Lake Pleno*

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland  
Fulfillment Specialist  
Melanie\_Strickland@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:  
Lake Morton Heights Apartments, LLC

## ARTICLE II - Address:

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

1903 S. Congress Avenue, Suite 160  
Boynton Beach, Florida 33426

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

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

CT Corporation System  
Name

c/o CT Corporation System, 1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)

Plantation, Florida 33324  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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.*

CT Corporation System

By:

Michael E. Jones  
Registered Agent's Signature

Michael E. Jones  
Assistant Secretary

Robert W. Strauss  
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.)

Robert W. Strauss

Typed or printed name of signee