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(Re	questor's Name)	
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DIVISION OF CORPORATION

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ACCOUNT NO. : 072100000032

REFERENCE: 826427 156480A

COST LIMIT: \$ 125.00%	into
ORDER DATE: November 19, 2002	=
ORDER TIME : 2:07 PM	_
ORDER NO. : 826427-005	
CUSTOMER NO: 156480A	The state of the s
CUSTOMER: Ms. Kim Hendershot Roberts, Seward & Company Suite 202 505 E. Jackson Street Tampa, FL 33602	DIVIS D2
DOMESTIC FILING NAME: BUSCH BLVD. PROPERTIE	DZ WOY 19 PM 1:31 DZ WOY 19 PM 1:31 ESTATIONS ESTATIONS
EFFECTIVE DATE:	- A
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERS XX ARTICLES OF ORGANIZATION	SHĪP
PLEASE RETURN THE FOLLOWING AS PROOF	OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Norma Parramore EXAMINER	T. 1147 R'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Limitity Company is:

BUSCH BLVD. PROPERTIES, LLC

ARTICLE II - Address:

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

maining—16305 auka blud, tampa, Fl 33613 Business-1316 W-Busch Blud, tampa, Fl 33613

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

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

PAUL A. HABER
Name

16305 AVILA BLUD.

Florido street address (P.O. Box MOT acceptable)

+AMPA , FL 33613

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 segistered 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 an accept the obligations of my position artificiened agent as provided for in Chapter 608, F.S.

Ragistered Agent's Signature

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 508.408(3), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury

that the facts stated herein are tore.)

PAUL A. HABER

Typed or printed name of signee

Filing Facts

\$100.00 Filing Fee for Articles of Organization

5 25,00 Designation of Rogistered Agent

5 30:00 Certified Copy (Optional)

\$ 5.00 Corrificate of Status (Optional)