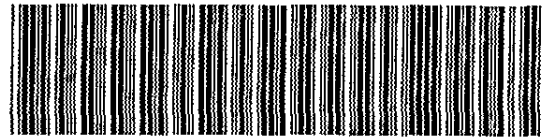


L03000000/442

CONCORDE CAPITAL PARTNERS, LLC

13014 North Dale Mabry Highway, Suite 356
Tampa, Florida 33618



800010172118

01/22/03--01006--002 **25.00

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. BRYAN JAN 22 2003

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

SAKI CARILLON II LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

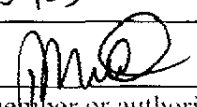
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

WE MISPELLED THE NAME "CARILLON" WITH
TWO "R'S" ONLY ONE IS CORRECT.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: 1/15/03


Signature of a member or authorized representative of a member

KIM M. SCHWENCKE

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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**Electronic Articles of Organization
For
Florida Limited Liability Company**

L03000001442
FILED 8:00 AM
January 13, 2003
Sec. Of State

Article I

The name of the Limited Liability Company is:

SAKI CARRILLON II LLC

Article II

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

13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL. 33624

The mailing address of the Limited Liability Company is:

13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL. 33624

Article III

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

GARY A FAIRBANKS
13014 N. DALE MABRY HWY
SUITE 356
TAMPA, FL. 33618

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.

Registered Agent Signature: GARY A. FAIRBANKS

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TALLAHASSEE, FLORIDA

Article IV

The name and address of managing members/managers are:

Title: MGRM
KIM M SCHWENCKE
13014 N. DALE MABRY HWY, SUITE 356
TAMPA, FL. 33618

Title: MGRM
ALEXANDER G RAPPAPORT
13014 N. DALE MABRY HWY, SUITE 356
TAMPA, FL. 33618

Signature of member or an authorized representative of a member

Signature: KIM M. SCHWENCKE

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January 13, 2003
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