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To:

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Fax Number : _(850)205-0383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LICCE, P.A.

Account Number: 073222003555 : (561)686-3307 Phone Fax Number

: (561)686-5442

LIMITED LIABILITY COMPANY

816 Boca, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

P.02/05



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 5, 2003

NASON, YEAGER

SUBJECT: 816 BOCA, LLC
REF: W03000003472

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover theet.

On your Certificate of Designation of RA, in #2, the name of the agent is missing.

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Lee Rivers Document Specialist

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ARTICLES OF ORGANIZATION

OF

816 BOCA, LLC

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this Limited Liability Company is:

816 BOCA, LLC

ARTICLE II ADDRESS

The street address and mailing address of the principal office is:

4085 NW 58th Lane Boca Raton, Florida 33496

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be perpenal.

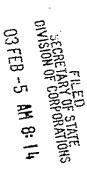
ARTICLE IV MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Members and is, therefore, a member-managed company.

ARTICLE V

ADMISSION OF ADDITIONAL MEMBERS

The Members shall have the right to admit additional members.



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IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 5th day of February, 2003.

Manuel Farach, Authorized Representative of the

Members

SECRETARY OF STATE OF

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

816 BOCA, LLC

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

Manuel Farach 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, Florida 33401

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein. I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

Manuel Farach, Registered Agent

H:\69ADMIN\GIP\NC\$\\$16 Boca LLC\DArticlesOfOrganizationLLC\$16Boca GIP/gip