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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

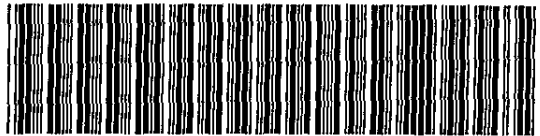
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/24/03--01070--018 **30.00

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LAW OFFICES
HONIGMAN MILLER SCHWARTZ AND COHN LLP

2290 FIRST NATIONAL BUILDING
660 WOODWARD AVENUE
DETROIT, MICHIGAN 48226-3506
FAX (313) 465-8000

GAYLE C. AIKEN
Legal Assistant
TELEPHONE: (313) 465-7208
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E-MAIL: gca@honigman.com

LANSING, MICHIGAN
BINGHAM FARMS, MICHIGAN

February 21, 2003

VIA FEDERAL EXPRESS

Florida Division of Corporations
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: RascBloom Associates LLC

Dear Sir/Madam:

Enclosed for filing are copies of Articles of Organization for Florida Limited Liability Company for RascBloom Associates LLC together with our check in the amount of \$125.00 to cover the filing fee.

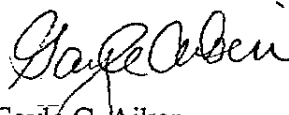
Also enclosed is our check in the amount of \$30.00 to cover the cost of one certified copy of the filed document.

Please return the certified document and letter of acknowledgement to the undersigned.

If you have any questions or problems with regard to this request, please contact the undersigned by telephone call to (313) 465-7208.

Thank you for your assistance and cooperation.

Very truly yours,


Gayle C. Aiken
Legal Assistant

Enclosures

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
RascBloom Associates LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
33 North Garden Avenue, Suite 1200, Clearwater, Florida 33755

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

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

Robert J. Banks

Name

33 North Garden Avenue, Suite 1200

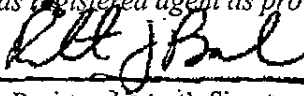
Florida street address (P.O. Box **NOT** acceptable)

Clearwater

FL 33755

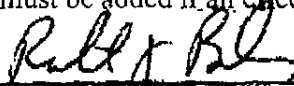
City, State, and Zip

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.



Registered Agent's Signature

(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 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 J. Banks

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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