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(Requestor's Name)

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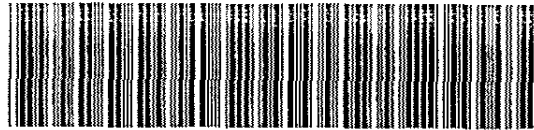
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. BRYAN APR 28 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACK DIAMOND INVESTMENTS, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD B. JACOBSON
(Name of Person)

BLACK DIAMOND INVESTMENTS, L.L.C.
(Firm/Company)

6010 LAS COLINAS CIRCLE
(Address)

LAKE WORTH, FLA. 33463-6560
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RONALD B. JACOBSON at (561) 963-8206
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLACK DIAMOND INVESTMENTS, L.L.C.

ARTICLE II - Address:

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

6010 LAS COLINAS CIRCLE, LAKE WORTH, FLA. 33463-6560

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

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

RONALD B. JACOBSON

Name

6010

LAS COLINAS CIRCLE

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

LAKE WORTH FL 33463-6560

City, State, and Zip

Ronald Jacobson
6010 Las Colinas Cir.
Lake Worth, FL 33463-6560

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TALLAHASSEE, FLORIDA

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..

Ronald B. Jacobson
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Ronald B. Jacobson
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.)

RONALD B. JACOBSON

Typed or printed name of signee

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)