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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 087178 4723592

AUTHORIZATION :

COST LIMIT : \$ 125.00

*Patricia Pigato*

03 MAY -8  
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TALLAHASSEE, FLORIDA

ORDER DATE : May 8, 2003

ORDER TIME : 3:48 PM

ORDER NO. : 087178-005

CUSTOMER NO: 4723592

CUSTOMER: Joseph Kott, Esq  
Knox, Naughton, Kott, Fraser  
& Krauss  
Lincoln Center  
299 Cherry Hill Rd  
Parsippany, NJ 070540000

DOMESTIC FILING

NAME: TAGLAND MORRISON PROPERTIES  
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**TAGLAND MORRISON PROPERTIES LLC****ARTICLE II - Address:**

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

**215 Celebration Place, Suite 500, Celebration FL 34747****ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

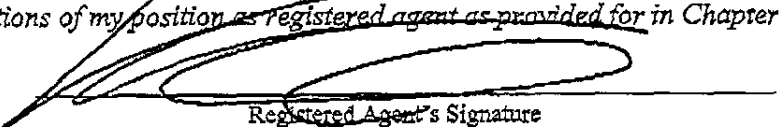
William C. Tagland

Name

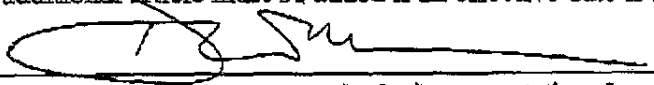
215 Celebration Place, Suite 500Florida street address (P.O. Box **NOT** acceptable)Celebration FL 34747

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.)

DEREK W. MORRISON

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)

FILED  
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JANUARY 2003