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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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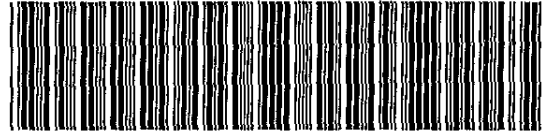
(Business Entity Name)

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Handwritten signature/initials

CORSARO & ASSOCIATES CO., LPA

2001 CROCKER ROAD
GEMINI TOWER II, SUITE 400
CLEVELAND, OH 44145
(440) 871-4022/TELEPHONE
(440) 871-9567/FACSIMILE

May 29, 2003

VIA UPS

FLORIDA DEPARTMENT OF STATE
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

03 MAY 30 AM 10:53

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Re: Formation of Seaside Investments, LLC

Dear Sir or Madam:

Enclosed for filing are Articles of Organization for the above-referenced entity. Also enclosed is check no. 8488 in the amount of \$125.00 as the filing fee for the Articles of Organization.

If you have any questions concerning the enclosed filing, please contact the undersigned at the number listed above.

Sincerely,
CORSARO & ASSOCIATES CO., LPA

Rhonda L. Corn

By: Rhonda L. Corn, Paralegal to
Joseph G. Corsaro, Esq.

/rlc

Enclosures

cc: Mr. Saji T. Daniel (w/o encls.)

W:\Seaside Investments, LLC\Ltr052903.wpd

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Seaside Investments, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
19214 Fisher Island Dr., Miami, Florida 33109

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

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

Saji T. Daniel

Name
19214 Fisher Island Dr.

Florida street address (P.O. Box NOT acceptable)
Miami, Florida FL

City, State, and Zip

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03 MAY 30 AM 10:53
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.

Registered Agent's Signature X

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

Signature of a member or an authorized representative of a member. X

(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.)

Saji T. Daniel

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)