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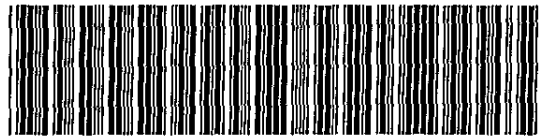
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUN 25 2003

LAW OFFICES OF

HILL, WARD & HENDERSON

PROFESSIONAL ASSOCIATION

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June 19, 2003

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DAVID E. WARD, JR.  
OF COUNSEL

Via FEDERAL EXPRESS

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Destin-Poinciana, LLC  
St. Petersburg-Ninth, LLC  
Ft. Lauderdale-Broward, LLC  
Our File No. 4622-000017

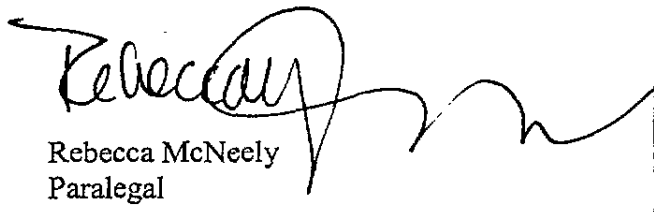
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TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Enclosed please find the Articles of Organization for each of the above referenced entities along with three (3) checks (nos. 453082, 453083, 453084) from Southern Farm Bureau Life Insurance Company as payment for the filing fees. I ask that you process these filings upon receipt and return the enclosed copy of this transmittal letter stamped "as filed" for our records. I have enclosed a self-addressed envelope for your convenience.

If you have any questions or comments regarding the above, please feel free to contact me at (813) 222-3185. Thank you for your assistance.

Very truly yours,

  
Rebecca McNeely  
Paralegal

Encs. (6)

cc: Jonathan P. Jennewein, Esq.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

- The name of the Limited Liability Company is:

Ft. Lauderdale-Broward, LLC

## ARTICLE II - Address:

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

Post Office Box 78, Jackson, MS 39205  
1401 Livingston Lane, Jackson, MS 39213

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

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

Jonathan P. Jennewein

Name

3700 Bank of America Plaza  
101 East Kennedy Boulevard

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

Tampa

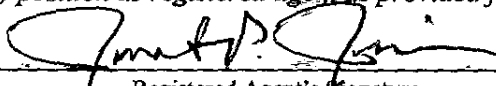
FL

33602

City, State, and Zip

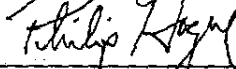
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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 authorized representative of a member.

**PHILIP HOGUE**  
**VICE PRESIDENT**

(In accordance with section 608.408(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Southern Farm Bureau Life Insurance Company

By: Philip Hogue, Vice President

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)