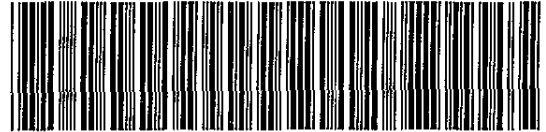


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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



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07/17/03--01028--014 **160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

July 16, 2003

Via Federal Express – 8383 5488 5726

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

Re: Hight Properties, LLC

Dear Sir or Madam:

Please find enclosed the following:

- 1) Transmittal Letter;
- 2) Articles of Organization for Limited Liability Company; and
- 3) Check in the Amount of \$160.00

I would ask you to please file the Articles of Organization and return to my attention a certified copy of the filed Articles of Organization, along with a Certificate of Status. If you need any further information, please contact me at the below telephone number.

Sincerely,



Clifford A. Wolff

CAW:lk
Enclosures

cc: Mr. David Hight

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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03 JUL 17 AM 9:42
TALLAHASSEE, FLORIDA

SUBJECT: Hight Properties, 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:

Clifford A. Wolff, Esq.
(Name of Person)

Heinrich, Gordon, et al.
(Firm/Company)

500 East Broward Blvd., Suite 1000
(Address)

Fort Lauderdale, FL 33394
(City/State and Zip Code)

For further information concerning this matter, please call:

Clifford A. Wolff, Esq. at (954) 527-2800
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:
Hight Properties, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

11881 Preservation Lane
Boca Raton, FL 33498

Mailing Address:

11881 Preservation Lane
Boca Raton, FL 33498

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

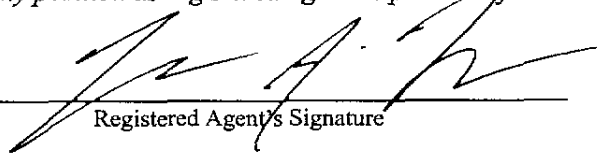
The name and the Florida street address of the registered agent are:

Clifford A. Wolff, Esq.
Name

500 East Broward Blvd., Suite 1000
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale FL 33394
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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

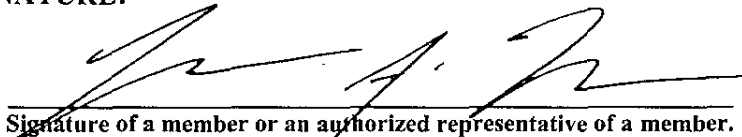
Name and Address:

MGR	David Hight
	11881 Preservation Lane
	Boca Raton, FL 33498

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Clifford A. Wolff, Esq., as Attorney for Managers

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)