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LIMITED LIABILITY COMPANY

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Lily Pads LLC

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ARTICLES OF ORGANIZATION
OF
LILIPADS LLC

I, the undersigned authorized representative of the sole Member, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is:

LILIPADS LLC

ARTICLE II
ADDRESS

The street address and mailing address of the principal office is:

720 Sandpiper Way
North Palm Beach, Florida 33408

ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV
MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its sole Member and is, therefore, a member-managed company.

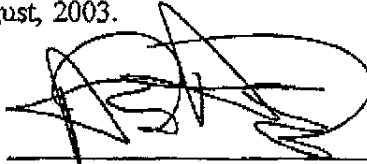
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

AUG-20-2003 09:02

NASON YEAGER

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IN WITNESS WHEREOF, the undersigned authorized representative of the sole Member has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 20th day of August, 2003.



Alan I. Armour II, Authorized Representative of the Member

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WEST PALM BEACH, FLORIDA

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

LILIPADS LLC

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

Alan I. Armour II
1645 Palm Beach Lakes Blvd.
Suite 1200
West Palm Beach, Florida 33401

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.



Alan I. Armour II, Registered Agent

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA