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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

Dear Examiner:

If possible, we would appreciate it if you would process this filing today, as we are in need of evidence of the existence and good standing of this LLC for a closing later today.

Thank you very much.

LIMITED LIABILITY COMPANY

ROOSEVELT SOUTH, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

RECEIVED
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DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

BB-18-03

SEP. 18. 2003 11:54AM

FOLEY LARDNER

NO. 7500 P. 2/2

FAX AUDIT NO.: H03000279628

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **ROOSEVELT SOUTH, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are:
4339 Roosevelt Boulevard , Suite 400, Jacksonville, Florida 32210

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

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

F&L CORP.

Name

200 LAURA STREET

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

JACKSONVILLE, FL 32202

City, State, and Zip

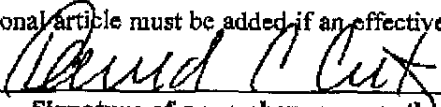
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and completed 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.

F&L CORP.

By: 

Chauncey W. Lever, Jr., authorized signatory

(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.)

DAVID COOK, ESQ., Authorized representative

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)

FAX AUDIT NO.: H03000279628

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SECRETARY OF STATE
TAMPA, FLORIDA