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## To:

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

## From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

## LIMITED LIABILITY COMPANY

SUAREZ REAL ESTATE I, LLC

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION  
SUAREZ REAL ESTATE I, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is SUAREZ REAL ESTATE I, LLC.

**ARTICLE II – Address:**

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

P.O. Box 1839  
Tampa, Florida 33601

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

110 South Magnolia Avenue  
Suite 204  
Tampa, Florida 33606

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 18<sup>th</sup> day of November, 2003.



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.)

Michael H. Robbins  
Typed or printed name of signee

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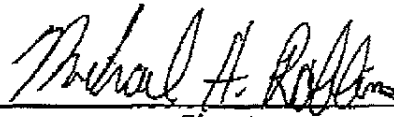
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 SUAREZ REAL ESTATE I, LLC.
2. The name and the Florida street address of the registered agent are:

Michael H. Robbins  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Blvd.  
Suite 2800  
Tampa, Florida 33602

*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.*



Signature

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