Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet.

Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000337830 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : AKERMAN SENTERFITT & EIDSON

Account Number: 076656002425 Phone: (407)843-7860

Fax Number : (407)843-6610

LIMITED LIABILITY COMPANY

LINKS AT VALLEY OAKS LLC

| Certificate of Status | 0 |
|-----------------------|----|
| Certified Copy | 1 |
| Page Count | 02 |
| | |

00 12-18-00

ASE JFISHER

PAGE 02

Division of Corporations

Page 2 of 2

Estimated Charge

\$155.00

Machineria Pilocalianu

Composite Ping

Missis Assessed white

SECRETARY OF SIGN

SECRETARY OF SIGNS ALLAHASSEE, FLURIDA

(((H03000337830 3)))

ARTICLES OF ORGANIZATION FOR LINKS AT VALLEY OAKS LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Links at Valley Oaks LLC.

ARTICLE II - Address

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

127 N. Magnolia Avenue Orlando, FL 32801

ARTICLE III - Existence and Duration

The Limited Liability Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company shall be managed by the Managing Member, who may delegate certain management powers from time to time to the officers of the Limited Liability Company. The initial Managing Member and its address are:

CBD Development, Inc. 803 Birchfield Drive Mt. Laurel, NJ 08054

ARTICLE IV - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

David Waronker 127 N. Magnolia Avenue Orlando, FL 32801

12-10/03 (Date)

Name: David A. Waronker

Title: Authorized Representative

{OR690917;1}

(((H03000337830 3)))

(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,)

(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.)

REGISTERED AGENT ACCEPTANCE

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.

Name: David A. Varonker Title: Registered Agent

(Data)

RELARY U. SIAIE ADASSEE FLODINA