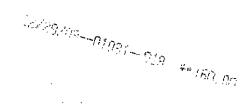
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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SECRETARY OF STATE

Julyed

FF#125 CL 30 Judith P. Erwin

Attorney At Law

6260 Dupont Station Court, Suite B Jacksonville, Florida 32217

> Tel. (904) 733-2645 Fax (904) 733-0609

December 23, 2003

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: The Arena Partners, L.L.C.

Registration

Dear Sir/Madam:

Enclosed, please find a Transmittal Letter and Articles of Organization for Florida Limited Liability Company on behalf of my client, The Arena Partners, L.L.C., plus a check for \$160.00 to cover the costs of the Filing Fee, Designation of Registered Agent, a Certified Copy and a Certificate of Status.

If you have any questions, do not hesitate to contact me at (904) 733-2645.

Sincerely,

Judith P. Erwin

Justile Erwin

JAPE/ap

Enclosures

TRANSMITTAL LETTER

TO:	Registrati Division		ection rporations				
SUBJECT:Tì		The Arena	Partners, L.L.C.				
	(Name of Limited Liability Company)						
The end	losed Artic	cles o	Organization and	d fee(s) are submitted for filing.			
			Please return all co	correspondence concerning this matter to the following:			
			Judith P.	. Erwin, Esquire			
				(Name of Person)			
			Judith P.	. Erwin Attorney at Law			
(Firm/Company)							
6260 Dupont Station Court, Suite B							
_				(Address)			
	Jacksonville, FL 32217						
	_			(City/State and Zip Code)			
For furt	her informa	ation (concerning this ma	atter, please call:			
J	udith	P.	Erwin	at (904) 733-2645			
	(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

The name of the Limited Liability Company is:			
The Arena Partners, I	.L.C.		
ARTICLE II - Address: The mailing address and street address of the principal street.	pal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1107 Myra Street	P.O. Box 40866		
Suite 200			
Jacksonville, FL 32204	Jacksonville, FL 32203-08	366	
Florida street address (P.O. Bo	tered agent are: 03 DEC 29 PH 2: 32 Ation Court, Suite B NOT acceptable) FLORIDA 32217	n ::	
City, State, and Z			

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	William W. Erwin, Jr. 1107 Myra Street, Suite 200 Jacksonville, FL 32204
	Jacksonville, fl Jacvi
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
	D.J
Signature of a member or an a	uthorized representative of a member.
-	-
	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury 1e.)
	win
Lyned or nm	ntea 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)