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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

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LAW OFFICE
C. RANDOLPH COLEMAN, L.C.
ATTORNEY AT LAW
9250 BAYMEADOWS ROAD, SUITE 450
JACKSONVILLE, FLORIDA 32256-1813

FILED

C. RANDOLPH COLEMAN

04 FEB -4 AM 9:21
VOICE (904) 448-1969
FAX (904) 448-5244

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: January 26, 2004

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

**Re: Registration of Limited Liability Company
Registration of Limited Partnership
Registration of Statement of Qualification for Limited Liability Limited Ptr**

Dear Ladies and Gentlemen:

The undersigned, pursuant to the applicable provisions of the Florida Statutes hereby requests that the following be registered:

Inlet Sunrise Development, LLC
Inlet Sunrise Partnership, LLLP
Statement of Qualification for Limited Liability Limited Partnership

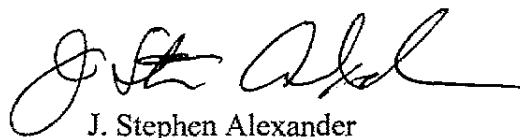
A check in the amount of \$155 is enclosed for the registration of Inlet Sunrise Development LLC, including \$125 for the filing fee, \$25 for the registered agent fee, and \$5 for a certificate of status.

A check in the amount of \$201.25 is enclosed for the registration of the Inlet Sunrise Partnership, LLLP, including \$157.50 for the filing fee, \$35 for the registered Agent Designation and \$8.75 for a certificate of status.

A check in the amount of \$33.75 is enclosed for the registration of the Statement of Qualification for Limited Liability Limited Partnership, including \$25 for the filing fee, and \$8.75 for a certificate of status.

Please let us know if you need additional information.

Sincerely yours,


J. Stephen Alexander

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Inlet Sunrise Development, LLC

ARTICLE II - Address:

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

Principal Office Address:

19 Old Mission Avenue

St. Augustine, FL 32084

Mailing Address:

19 Old Mission Avenue

St. Augustine, FL 32084

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

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

J. Stephen Alexander

Name

19 Old Mission Avenue

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

St. Augustine FL 32084

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 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..



Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

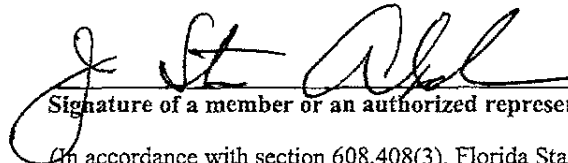
Name and Address:

| | |
|-------------|--|
| <u>MGRM</u> | J. Stephen Alexander 19 Old Mission Avenue St. Augustine, FL 32084 |
| <u>MGRM</u> | Dan R. Alexander 61 Cordova St. St. Augustine, FL 32085-38 |
| <u>MGRM</u> | Jan A. Maisch 141 Twelve Oaks Lane Ponte Vedra Beach, FL 32082 |
| <u>MGRM</u> | Mark D. Alexander 234 Coquina Avenue St. Augustine, FL 32080 |

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

J. Stephen Alexander

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)

\$ 5.00 Certificate of Status (Optional)