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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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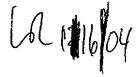




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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: BayBreeze, Estates, (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David R. Thomas (Name of Person)
(Firm/Company)
Post Office Box 663 (Address)
DeFuniak Springs, FLorida 32435 (City/State and Zip Code)
For further information concerning this matter, please call:
David R. Thomas at (850) 892-0700
(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

ARTICLE I - Name:

The name of the Limited Liability Company is:	
BayBreeze Estates, L.L.C.	
ARTICLE II - Address:	
The mailing address and street address of the principal of	office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
544 U.S. Highway 90 East	Post Office Box 663
DeFuniak Springs, Florida 32433	DeFuniak Springs, Fl 3243
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered David R. Thomas	L PA
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered David R. Thomas Name 544 U.S. Highway 90 East Florida street address (P.O. Box NO	-4 PM 3: 28

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)

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member Thomas MGRM 544 U.S. Highway 90 East DeFuniak Springs, Florida 32433 (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.)

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

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)

_____David R.__Thomas Typed or printed name of signee