

L04000013081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

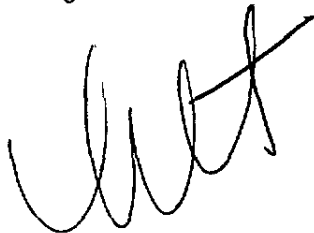
PICK-UP WAIT MAIL

(Business Entity Name)

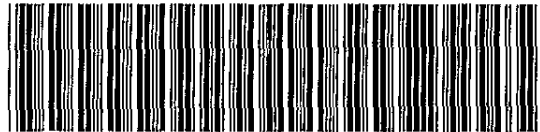
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DIVISION OF CORPORATION

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DIVISION OF CORPORATIONS
04 FEB 18 PM 1:58

GRAY. ROBINSON
ATTORNEYS AT LAW

SUITE 600
301 SOUTH BRONOUGH ST. (32301)
POST OFFICE BOX 11189
TALLAHASSEE, FL 32302-3189
TEL 850-222-7717
TEL 850-577-9090
FAX 850-222-3494
FAX 850-577-3311
gray-robinson.com

CLERMONT
KEY WEST
LAKELAND
MELBOURNE
ORLANDO
TALLAHASSEE
TAMPA

February 18, 2004

Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, FL 32301

Via Hand Delivery

To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$155.00** for the applicable filing fees and fees to obtain a **CERTIFIED COPY** of the **ARTICLES OF ORGANIZATION** for the following entity:

INDIAN PASS APARTMENTS, LLC

Upon receipt, please "date stamp" the copy of this letter provided, and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,



Debbie Frost
Office Administrator

/dyf
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INDIAN PASS APARTMENTS, LLC

ARTICLE II - Address:

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

<u>Mailing Address</u>	<u>Street Address</u>
1107 Hazeltine Boulevard, Suite 200 Chaska, Minnesota 55318	1107 Hazeltine Boulevard, Suite 200 Chaska, Minnesota 55318

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

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

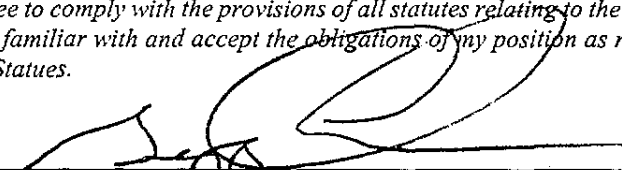
Gregg Lehrer
Name

c/o Gray Robinson, P.A., 301 E. Pine Street, Suite 1400
Florida street address (P.O. Box **NOT** acceptable)

Orlando, Florida 32801
City, State, and Zip

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 DIVISION OF CORPORATIONS
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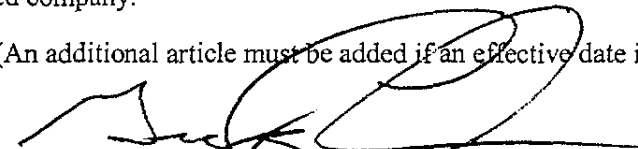
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

Gregg Lehrer
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)