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Florida Department of State

Division of Corporations Public Access System

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(((H04000042641 3)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : I20000000088 Phone : (800)221-0102

Fax Number : (212)564-6083

04 MAR -5 AM II: 50

LIMITED LIABILITY COMPANY

PREM PROPERTY LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

R-5 PH 3:

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Rx Date/Time* MAR-05-2004(FRI) 10:27 Department of State 3/5/2004 10:23 PAGE 1/1 RightFAK



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 5, 2004

NATIONAL CORPORATE RESEARCH, LTD. (Second Attempt)

SUBJECT: PREM PROPERTY LLC

REF: W04000008277

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Robert A Brown FAX Aud. #: H04000042641
Data Processing Control Specialist Letter Number: 004A00013194

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	·	
PREM PR	ROPERTY LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2203 Carib Circle	P.O. Box 31925	
Palm Beach Gardens FL 33410	Paim Beach Gardens FL 33420	
ARTICLE III - Registered Agent, Registered The name and the Floridz street address of the re	Office, & Registered Agent's Signstare: gistered agent are:	
Richard E. Mo	cKinnon	
Name		
2203 Caribe	Circle	
Florida street address (F.O.	Box NOT acceptable)	
Paim Beach Gardens FI	LORIDA 33410	
City State as	d Zin	

Having bean 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

Richard E. McKinnon

Manager

Print Name (& Title, if applicable)

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

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

Title:	Name and Address:	
"MGR" = Managet "MGRM" < Managing Member		
MGR	Richard E. McKinnon	
,	P/O. Box 31925	
	Palm Beach Gardens FL.	33420
		=======================================
·		
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is reque	eted.
REQUIRED SIGNATURE:	November 1	
a dila	or an authorized representative of a mer	mkar
(In accordance with secti	on 602.408(3), Florida Statutes, the executes an affirmation under the penalties of p	ion
R	ichard E. McKinnon	

Filing Fors:

\$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)

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Typed or printed name of signee