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(((H04000057975 3)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: PARCORP SERVICES, LTD.

Account Number : I19990000011 Phone

: (800)603-2533

Fax Number

(800)398-0461

LIMITED LIABILITY COMPANY

DELONG PROPERTY MANAGEMENT AND VESTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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3/18/04

Fax Audit No. (((H04000057975 3))) STATE OF FLOREDA - ARTICLES OF ORGANIZATION OF DELONG PROPERTY MANAGEMENT AND VESTORS, LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

DELONG PROPERTY MANAGEMENT AND VESTORS, LLC

ARTICLE II - Address:

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

4704 W. IOWA AVE, TAMPA, FL 33616

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

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

JAMES DELONG Name 4704 W. IOWA AVE Florida street address (P.O. Box NOT ACCEPTABLE) TAMPA, FL 33616 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 608, i.S.

Registered regard'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.

Signature of a member or authorized representative of a member.

(In accordance with vection 608.408(3), Florida Statutes, the exception of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true.)

DAVID L. SURINA

Typed or Printed name of signee

Preparer Info:

Parcorp Services, Ltd. / David L. Surina 931 W. 75th Street, Ste. 137-317, Naperville, IL 60565 / (800) 603-2533

Fax Audit No. (((H 04000057975 3)))

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name of the limited liability company is:

DELONG PROPERTY MANAGEMENT AND VESTORS, LLC

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

	JAMES DELONG
	. Name
	4704 W. IOWA AVE
1	Florida street address (P.O. Box NOT ACCEPTABLE)
	TAMPA, FL 33616
	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 JAMES DELONG

Fax Audit No. (((H 04000057975 3)))

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SECRETARY OF STATE
DIVISION OF CORPORATIONS