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To:

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From:

Angelica M. Chirre
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-3600
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LIMITED LIABILITY COMPANY

NEW TOWN MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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FAX AUDIT No. H04000114013

**ARTICLES OF ORGANIZATION
FOR
NEW TOWN MANAGEMENT, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: New Town Management, LLC.

ARTICLE II - Address:

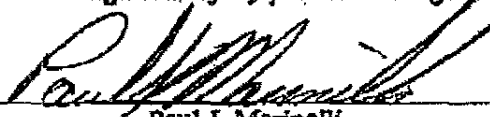
The mailing address and street address of the principal office of the Limited Liability Company is: 2600 Golden Gate Parkway, Naples, FL 34105-3227.

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

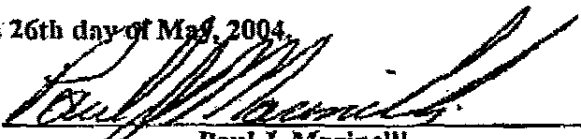
The name and the Florida street address of the registered agent are:

Paul J. Marinelli
2600 Golden Gate Parkway
Naples, FL 34105-3227

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.


Paul J. Marinelli
Registered Agent's Signature

Signed and dated this 26th day of May, 2004.


Paul J. Marinelli
Authorized representative of a Member

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