

W04 000049400

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JUL 1 2004  
TALLAHASSEE, FLORIDA

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W04-49400

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EFFECTIVE DATE  
6-29-04

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EBP Parce II, LLC  
(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:

Katherine Rey  
(Name of Person)

(Firm/Company)

17755 Homestead Ave #109  
(Address)

Miami, FL 33157  
(City/State and Zip Code)

For further information concerning this matter, please call:

Katherine Rey  
(Name of Person)

at (305) 252-0129 x109  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **EBP PARCEL 1, LLC**

**ARTICLE II - Address:**

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

**17755 Homestead Avenue  
Miami, FL 33157**

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

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

**KATHERINE REY**

Name

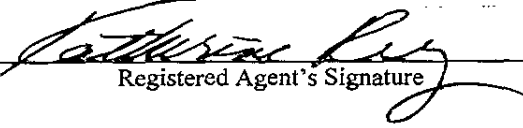
**17755 HOMESTEAD AVENUE, SUITE 109**

Florida street address (P.O. Box NOT acceptable)

**MIAMI, FL 33157**

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's Signature

**ARTICLE IV- Managers**

EDWARD HANNA, Manager  
17755 Homestead Avenue  
Miami, FL 33157

**ARTICLE IV- Managers**

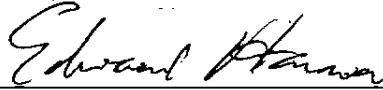
The Effective Date of this filing shall be June 29, 2004.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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EFFECTIVE DATE  
6-29-04



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.)

WEST PERRINE COMMUNITY DEVELOPMENT CORPORATION, INC.

**Edward Hanna**

Typed or printed name of signee

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TALLAHASSEE, FLORIDA