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| Special Instructions to F | filing Officer: | |
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260 PEACHTREE ST., N.W. SUITE 2700 ATLANTA, GEORGIA 30303 TELEPHONE (404) 688-6800 TELEFAX (404) 688-6840 www.swtlaw.com

WILLIAM C MCFEE, JR. OF COURSEL

SECRETARY OF STATE irect Dial 404-688-4076 TALLAHASSEE, Fernall address: ddr@swtlaw.com

July 1, 2004

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re:

Formation of Crow Stuart, LLC; Abaco Stuart, LLC; Atlantic Mini 4

Stuart, LLC; PDK-FL, LLC; and Atlantic/Stuart Lodge, LLC

Dear Sir or Madam:

Enclosed herewith please find Articles of Organization for filing connection with the above referenced matters.

Please file the enclosed Articles of Organization and send to me by Federal Express Certificates of Status and certified Articles of Organization for the five entities. I have enclosed herewith a check in the amount of \$800.00 to cover the cost of the filing fees, certified Articles and Certificates of Status. Our Federal Express Account No. is 266852487.

Should you have any questions about the enclosures, please contact me directly.

Very truly yours,

SCHULTEN WARD & TURNER LLP

of D. Regult

Dorothy D. Reyelts Legal Assistant

Enclosures

cc: William C. McFee, Esq.

TRANSMITTAL LETTER

(Name of Limited Liability Company)

FILED

TO: Registration Section
Division of Corporations

SUBJECT: Crow Stuart, LLC

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| William C. McFee | |
|--|--|
| | (Name of Person) |
| Schulten Ward & Turner | |
| | (Firm/Company) |
| 260 Peachtree Street, Suite 2700 | |
| | (Address) |
| Atlanta, Georgia 30303 | |
| | (City/State and Zip Code) |
| For further information concerning this matter | , please call: |
| William C. McFee | at (404') 688-6800 |
| (Name of Person) | (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

ARTICLES OF ORGANIZATION FOR

FILED

FLORIDA LIMITED LIABILITY COMPANY

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| SECRETARY OF STATE TALLAHASSEE, FLORID | A |
|---|---|

The name of the Limited Liability Company is:

Crow Stuart, LLC

ARTICLE II - Address:

ARTICLE I - Name:

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

| Principal Office Address: Twelve Piedmont Center, #418 | Mailing Address: Twelve Piedmont Center, #418 |
|--|---|
| Atlanta, Georgia 30305 | Atlanta, Georgia 30305 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

| C T Corporation System | | |
|------------------------|--|--|
| | Name | |
| 1200 | South Pine Island Road | |
| Florida street add | dress (P.O. Box <u>NOT</u> acceptable) | |
| Plantation | FLORIDA 33324 | |
| Cit | y State and Zin | |

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, Florida Statutes..

CT Corporation System

Shelley Savage Vice President

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Atlantic/Crow Valley Partners, L.L.L.P.

Twelve Piedmont Center # 46

Atlanta, Georgia 30305

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

William C. McFee, Organizer

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)