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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 818497 81011A

AUTHORIZATION :

Patricia Pijoto

COST LIMIT : \$ 155.00

FILED
04 JUL 23 PM 3:54
TALLAHASSEE, FLORIDA

ORDER DATE : July 23, 2004

ORDER TIME : 11:12 AM

ORDER NO. : 818497-005

CUSTOMER NO: 81011A

CUSTOMER: Andrew J. Mayts, Jr., Esq
Holcomb & Mayts, P.a.

Suite 200
106 South Tampania Avenue
Tampa, FL 33609

DOMESTIC FILING

NAME: TREASURE ISLAND TOWNHOMES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
TREASURE ISLAND TOWNHOMES, LLC**

FILED
04 JUL 23 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, **ANDREW J. MAYTS, JR.**, hereby file these Articles of Organization as an authorized representative of a member of the TREASURE ISLAND TOWNHOMES, LLC, a Florida limited liability company to be formed pursuant to these Articles of Organization and the laws of the State of Florida.

**ARTICLE I
TREASURE ISLAND TOWNHOMES, LLC**

The name of the limited liability company to be formed hereunder is TREASURE ISLAND TOWNHOMES, LLC.

**ARTICLE II
DATE OF EXISTENCE AND PERIOD OF DURATION**

This limited liability company shall begin existence effective upon the filing of these Articles of Organization, and shall continue perpetually, unless so terminated in accordance with the Operating Agreement and any Regulations adopted by the members (collectively the "Operating Agreement").

**ARTICLE III
PURPOSES**

The purpose of the limited liability company is to engage in the purchase and sale of real estate and real estate management or other related services and products, either on its own or in conjunction with others, as well as to conduct any other lawful activities mutually agreeable to the Members.

**ARTICLE IV
POWERS**

The limited liability company shall have the power to take any and all lawful actions necessary, appropriate, proper, advisable, incidental or convenient to or for the furtherance of its purposes.

ARTICLE V

MAILING ADDRESS AND PLACE OF BUSINESS

The address in Florida for the limited liability company is: 13907 Carrollwood Village Run, Tampa, FL 33624.

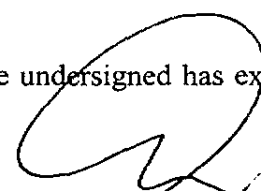
ARTICLE VI
MANAGEMENT

The limited liability company shall be managed by a Board of Managers.

ARTICLE VII
REGISTERED OFFICE AND REGISTERED AGENT

The street address of the limited liability company's initial registered office in Florida is 106 S. Tampania Ave., Suite 200, Tampa, Florida, 33609, and the name of its initial registered agent is Andrew J. Mayts, Jr., Esquire.

IN WITNESS THEREOF, the undersigned has executed these Articles of Organization this 22 day of July, 2004.

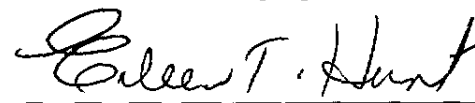


ANDREW J. MAYTS, JR.

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 22nd day of July, 2004, by **ANDREW J. MAYTS, JR.**, who is personally known to me or produced _____ as identification, as an authorized representative of the members of **TREASURE ISLAND TOWNHOMES, LLC**, as his free act and deed for the uses and purposes therein stated.





NOTARY PUBLIC
Commission Number: _____
My Commission Expires: _____

ARTICLES OF ORGANIZATION

OF

TREASURE ISLAND TOWNHOMES, LLC

ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of TREASURE ISLAND TOWNHOMES, LLC, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designated as registered agent.

Signed this 22 day of July, 2004.



ANDREW J. MAYTS, JR.
Registered Agent

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 22 day of July, 2004, by ANDREW J. MAYTS, JR., who is personally known to me, as Registered Agent for TREASURE ISLAND TOWNHOMES, LLC.





NOTARY PUBLIC

Commission Number: _____

My Commission Expires: _____