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Office Use Only	WH-60448	

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

Name of Limited Liability Company) FNCY SUBJECT:

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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

COLINI ROUGHLEY at 772 380 0017. (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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

. . .

REGENCY PROPERTY MANAGEMENT LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4267 NWFEDERAL HWY	4267 NW FEDERAL HWY
#109	#109
JENSEN BEACH, FL. 34957 :	JENSEN BEACH, FL. 34957.
ARTICLE III - Registered Agent, Registered Office, of The name and the Florida street address of the registered <u>COLIN BUCHLEY</u> Name <u>4267 NW FEDERAL</u> Florida street address (P.O. Box NO <u>JENSEN BEACH, FLO</u> City. State, and Zip g been named as registered agent and to accept service of pr	1 agent are: HWY H109 HWY H109 Tacceptable) DRIDA 34957

Having 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 ...

Registered Agent's Signature

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgrm	TARTAN HOMEBUYERS, INC. 4267 NW FEDERAL HWY HID9 JENSEN, BEACH, FL, 34957
MGRM	SEA DREAM HOUSING, INC 8930 STATE RD 84 HIZG DAVIE FL 33324
×	
(Use attachment if necessary)	
(000	

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

REQUIRED SIGNATURE: ilandhay tresident of Tartan Homebu Signature of a member or an authorized representative of a member. 6 (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.) KATHLEEN H. ROUGHLE 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)

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