

L040000062536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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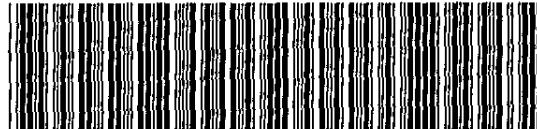
(Business Entity Name)

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2004 AUG 24 AM 9:09
TALLAHASSEE, FLORIDA

RECEIVED
20 AUG 24 PM 4:09
TALLAHASSEE, FLORIDA

J. BRYAN AUG 25 2004



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 861073 165301A

AUTHORIZATION :

COST LIMIT : \$ 155.00

Patricia Pyrite

ORDER DATE : August 24, 2004

ORDER TIME : 3:44 PM

ORDER NO. : 861073-005

CUSTOMER NO: 165301A

CUSTOMER: Ms. Jeannine Schenk
Evans & Luptak, P.l.c.

4th Floor
4700 Nw Boca Raton Blvd.
Boca Raton, FL 33431

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CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: KRAEER SQUARE L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Joyce Markley - EXT. 2930

EXAMINER'S INITIALS: _____

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

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kraeer Square L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

4700 N. W. Boca Raton Blvd., 4th Floor

Boca Raton, Florida 33481

Mailing Address:

4700 N. W. Boca Raton Blvd., 4th Floor

Boca Raton, Florida 33481

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

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

Samuel Beznos

Name

4700 N. W. Boca Raton Blvd., 4th Floor

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

Boca Raton, FLORIDA 33481

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..


Registered Agent's Signature

Aug. 24, 2004 9:53AM

21-561-443-2868

NO. 6430 PP. 4/4

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

Name and Address:

MGRM

Lamar P. Fisher

MGRM

Oakland Management Corp.


81751 Northwestern Highway, Suite 250W

Farmington Hills, MI 48334

(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.)

Samuel Beznog, authorized representative

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)