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(Requestor's Name)

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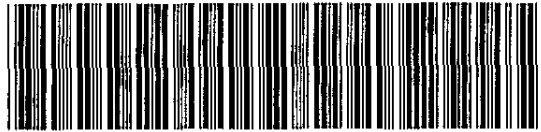
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 862084 5030952

AUTHORIZATION : *Patricia Piquette*

COST LIMIT : \$ 125.00

04 AUG 25 PM 5:11
TALLAHASSEE, FLORIDA

ORDER DATE : August 25, 2004

ORDER TIME : 12:09 PM

ORDER NO. : 862084-005

CUSTOMER NO: 5030952

CUSTOMER: Andrew I. Lewis, Esq.
Phillips, Eisinger & Brown

Suite 265, South
4000 Hollywood Boulevard
Hollywood, FL 33021

DOMESTIC FILING

NAME: ST. LUCIE TURNPIKE CENTER I,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
FOR
ST. LUCIE TURNPIKE CENTER I, LLC

ARTICLE I.
Name

The name of the limited liability company (the "Company") is:

ST. LUCIE TURNPIKE CENTER I, LLC

ARTICLE II.
Mailing and Street Address

The mailing address and street address of the Company is 5290 Hiatus Road, Sunrise, Florida 33351.

ARTICLE III.
Registered Agent

The name and street address of the initial registered agent of the Company for service of process in the State of Florida is JAMES R. DAVIS, 5290 Hiatus Road, Sunrise, Florida 33351.

ARTICLE IV.
Subscriber

The name and address of the person executing these Articles of Organization as an authorized representative of a Member of the Company, is JAMES R. DAVIS, 5290 Hiatus Road, Sunrise, Florida 33351. Said person shall not be liable, in any form or fashion, for any acts or omissions of the Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 25th day of August, 2004.


JAMES R. DAVIS

[NOTARY CERTIFICATION APPEARS ON THE FOLLOWING PAGE]

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STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

)

:SS

COUNTY OF BROWARD

)

BEFORE ME, a Notary Public authorized in the County and State set forth above, personally appeared JAMES R. DAVIS, personally known to me, or who has produced _____ as identification, to be the person who, as an authorized representative of a Member of the Company, executed the foregoing Articles of Organization of ST. LUCIE TURNPIKE CENTER I, LLC, and he acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State last aforesaid, this 25th day of August, 2004.



Andrew I. Lewis
Commission # DD298538
Expires June 19, 2008
Bonded Troy Felt - Insurance, Inc. 800-385-7019



NOTARY PUBLIC - State of Florida

Andrew I. Lewis
Name of Notary - Please Print

My Commission Expires:

08/25/2004

10:49

PHILLIPS EISINGER → 18505211010

NO.738 0004

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COMPANY, AT THE PLACE DESIGNATED IN ARTICLE III OF THESE ARTICLES OF ORGANIZATION, THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT IT IS FAMILIAR WITH, AND ACCEPTS, THE OBLIGATIONS OF THAT POSITION, AND FURTHER AGREES TO ACT IN THIS CAPACITY, AND TO COMPLY WITH THE COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 25TH DAY OF AUGUST, 2004.



JAMES R. DAVIS