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NAME: H	GHLANDS RESERVE, LLC	
E	FECTIVE DATE:	
CERTIFICATE	INCORPORATION OF LIMITED PARTNERSHIP ORGANIZATION	,
PLEASE RETURN THE F	OLLOWING AS PROOF OF FILING:	
CERTIFIED C XX PLAIN STAMP CERTIFICATE		
CONTACT PERSON: Su	sie Knight - EXT. 2956 EXAMINER'S INITIALS:	

ARTICLES OF ORGANIZATION OF HIGHLANDS RESERVE, LLC



Article I - Name: The name of the Limited Liability Company is Highlands Reserve, LLC.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 1000 Clint Moore Road, Suite 110, Boca Raton, Florida 33487.

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

Jonathan L. Shepard 5355 Town Center Road, Suite 801 Boca Raton, Florida 33486

Having been named as registered agent and to accept service of process of 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, F.S.

Jonathan L. Shepard

Jonathan & Shepard, Authorized Representative

(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.)