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(Address)

(Address)

(City/State/Zip/Phone #)

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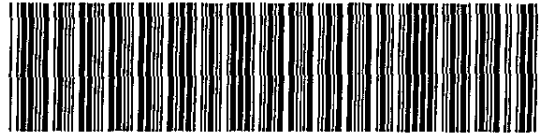
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

10/13/04

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C | M | A
Caglianone, Miller & Anthony
L A W O F F I C E S
REPLY TO TAMPA

Brian J. Anthony**
Jeffrey A. Caglianone**
Frank A. Miller*~
David R. Reed
Michael G. Stofer

October 6, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Bonita Springs Landmasters, L.L.C.

Dear Sirs:

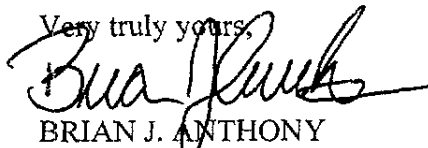
Enclosed please find the following:

1. Articles of Organization for Florida Limited Liability Company (along with 2 copies);
2. A check in the amount of \$160.00 made payable to the Florida Department of the State;
3. Transmittal letter with representing the cover letter with the name, address and daytime phone number of the manager for Bonita Springs Landmasters, L.L.C.

Please issue a certified copy and certificate of status. For your convenience I have enclosed a self addressed stamped envelope for mailing of those forms.

If any further information is required please notify me.

Very truly yours,


BRIAN J. ANTHONY
Enclosures
BJA/ec

Brooksville Office:
703 Lamar Ave.
Brooksville, FL 34601-3212
Ph: 352.796.6733
Fax: 352.799.7506
1-866-637-3830

Tampa Office:
816 W. Dr. MLK Jr. Blvd.
Tampa, FL 33603-3302
Ph: 813.226.8899
Fax: 813.226.0017
1-800-387-1968

Email: cagmil@cagmil.com

*Certified Circuit Court Mediator
**Board Certified Workers'
Compensation Lawyer
~Board Certified
Civil Trial Attorney
♦Admitted in Colorado

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bonita Springs Landmasters L.L.C.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Thomas N. Gaske
(Name of Person)

(Firm/Company)

2098 North Avenue
(Address)

Waukegan, Illinois 60087
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas N. Gaske at (847) 623-1455
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bonita Springs Landmasters 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:

2098 North Ave. Waukegan, IL 60087

Mailing Address:

2098 North Ave. Waukegan, IL 60087

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

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

Brian Anthony, Esq.

Name _____

816 W Martin Luther King Blvd.

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

Tampa

FLORIDA

33603

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:MGRThomas N. Geske2098 North AvenueWaukegan, IL 60097MGRMRon Brown20579 W. Isola AveLake Villa, IL 60046MGRMGeorge P. Doyle9501 Cypress Hammock Cir. #101Bonita Springs, FL 34135

(Use attachment if necessary)

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

Thomas N. Geske
 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.)

Thomas N. Geske

Typed or printed name of signer

FILED
 04 OCT 11 PM 2:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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)