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(Requestor's Name)			
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ACCOUNT NO. : 072100000032

REFERENCE: 952544

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: November 2, 2004

ORDER TIME: 12:51 PM

ORDER NO. : 952544-010

CUSTOMER NO: 3487A

CUSTOMER: Ms. Bonnie R. Quigley

Icard Merrill Cullis Timm

Furen & Ginsburg, Pa

Suite 600

2033 Main Street Sarasota, FL 34237

DOMESTIC FILING

NAME: BEL-AIRE RESORTS LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS:

3487A

ARTICLE I - Name: The name of the Limited Liability Company is: Bel-Aire Resorts 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: 37811 Chancey Road Zephyrhills, FL 33541 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Richard S. Webb, IV, Esq.

Name

2033 Main Street, Suite 600

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

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

Sarasota, FL 34237 FL 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, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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" = M "MGRM" =	Ianager Managing Member	Name and Address:		
MGR	www.pgg womvor	Equity Exchange Services, Inc.		
MGK		100 Wallace Avenue, Suite 100		
		Sarasota, FL 34237		
		Caraeou, 7 & 04207		
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(Lico attachn	nent if necessary)			
Osc attacim	tent it ticcessary)			
NOTE: An	additional article mu	st be added if an effective date is requested.		
	took of the same of the same	or to added it all expenses that to reducated.		
REQUIRE	SIGNATURE:	• •		
•		Equipy Exchange Services, Inc.,		
	a Flarida cor			
	By: Deel			
	Signature of a mem	ber or an authorized representative of a member.		
		section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury d herein are true.)		
	David D. Bone, E.	sq., as President		
		Typed or printed name of signce		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)