## L04000081152

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500038232475

04 NOV -9 AM 10: 49



DH BERVICE COMPANY.	
ACCOUNT NO	).: 072100000032 型架星 1
REFERENC	E: 961211 4320659
AUTHORIZATIC	N. P. J.
COST LIM	T: \$ 125.00
ORDER DATE : November	8, 2004
ORDER TIME : 4:37 PM	
ORDER NO. : 961211-00	95
CUSTOMER NO: 432065	
& Baker Llp 15th Floor 405 Park Ave	n, Ortoli, Mayer
DOMEST	IC FILING
NAME: 2005 F	LORIDA FESTIVAL, LLC
EFFECT	IVE DATE:
ARTICLES OF INCO CERTIFICATE OF L XX ARTICLES OF ORGA	IMITED PARTNERSHIP
PLEASE RETURN THE FOLLO	WING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED C CERTIFICATE OF	OPY
CONTACT PERSON: Troy T	odd - EXT. 2940 EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		•	3
ARTICLE I - Name: The name of the Limited Liability	Company is:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
2005 Florida Festival, LLC	<b>-</b> ,	,	92
			- S
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	ice of the Limited Liability	Company i
Principal Office Address:	<u>D</u>	Mailing Address:	
c/o The Management Group, I	<u>iic 4</u>	85 Madison Avenue, NY 1	7¥ 10022
			, ,
,			<del></del>
			. •
ARTICLE III - Registered Age	nt, Registered Office, &	Registered Agent's Signa	ture:
The name and the Florida street a	ddress of the registered s	agent are:	
Corporation	Service Company	•	
	Neme	ε	
1201 Hays S	, Itroak		•
	treet address (P.O. Box NOT	acceptable)	
Tallahassoe	FLOR City, State, and Zip	IDA 32301	
	•	,	• • •
g been named as registered agent an any at the place designated in this ce	d to accept service of protestificate. I have by account t	cess for the above stated limit	ed liability
o act in this capacity. I further agree	to comply with the provis	sions of all statutes relating to	the prope
omplete performance of my duties, ar	id I am famillar with and	accept the obligations of my p	position as
registerea agent as pr	ovided for in Chapter 608	i, Florida Statutes.,	

Havin comp agree to and o

Registered Agent's Signature

Deborah D. Skipper Asst. V. Pres.

Page 1 of 2 (CONTINUED)

ARTICLE IV- Munager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Lee Heiman
	485 Madigon Avenue
	New York, New York 10022
MGR	Andrew Fox
, .	485 Madison Avenue
	Mew York, New York 10022
1	
1	1
(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 609.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the pensities of perjury that the facts stated herein are true.)

Patrick McNamara, Authorized Rep. of Member
| Typed or printed name of signes

Filing Feen:

5100.00 Fling Fee for Articles of Organization

S 25.00 Dasignation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2