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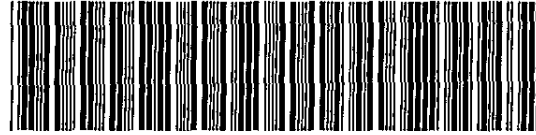
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Date: 12-8-04

Requestor Name: Attorneys' Title Insurance Fund, Inc.  
Address: 1965 Capital Circle NE  
Tallahassee, Florida 32308  
Telephone: 850-222-2785  
Contact: Barbara Keys

Corporation Name: EL RETIRO PROPERTIES LLC

Document Number: \_\_\_\_\_  
(If Applicable)

Authorization: Barbara Keys

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**ARTICLES OF ORGANIZATION OF  
EL RETIRO PROPERTIES, LLC**

**ARTICLE I  
NAME AND PRINCIPAL PLACE OF BUSINESS**

The name of this limited liability company shall be EL RETIRO PROPERTIES, LLC, and the mailing address and street address of its principal office shall be 119 Sinclair Street SW, Port Charlotte, FL 33952, but it shall have the power and authority to establish branch offices at any other place or places as the members may designate.

**ARTICLE II  
PURPOSES AND POWERS**

This limited liability company is organized for the purpose of engaging in any activity or business permitted under the laws of the United States and the State of Florida and shall have all of the powers authorized by the State of Florida for limited liability companies but shall remain subject to statutes and regulations of the laws of the State of Florida for regulating and controlling business.

**ARTICLE III  
MANAGEMENT AND MEMBERS**

A. Manager. The limited liability company is to be managed by managers and the names and addresses of such managers who are to serve are:

<u>NAME</u>	<u>ADDRESS</u>
LUIS A. CASANOVA	119 Sinclair Street SW Port Charlotte, FL 33952
ENA C. CASANOVA	119 Sinclair Street SW Port Charlotte, FL 33952

Any single Manager has the authority to bind the LLC in the ordinary course of its business.

B. Members. The initial member of the LLC will be:

<u>NAME</u>	<u>ADDRESS</u>
CASANOVA & CASANOVA, M.D.'s, P.A. 401(k) PROFIT SHARING PLAN AND TRUST	119 Sinclair Street SW Port Charlotte, FL 33952

Instruments and documents for the acquisition, mortgage, deposition, conveyance, lease, sale or transfer of the personal property or real property of this limited liability company may be executed on its behalf by any one (1) Manager.

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**ARTICLE IV**  
**MEMBERSHIP RESTRICTIONS**

Members shall have the right to admit new members by unanimous consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

A member's interest in the limited liability company may not be sold or otherwise transferred except with unanimous written consent of all members.

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business on the unanimous consent of the remaining members.

**ARTICLE V**  
**DURATION**

This limited liability company shall exist perpetually or until dissolved in a manner provided by law, or as provided in the regulations adopted by the members and shall commence its existence upon filing of these Articles.

**ARTICLE VI**  
**AMENDMENT**

These Articles may be amended by a vote of a majority in interest of the members.

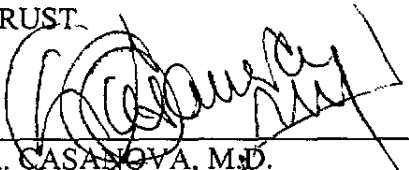
**ARTICLE VII**  
**INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The street address of the initial registered office of this limited liability company is 119 Sinclair Street, SW, Port Charlotte, FL 33952, and the name of the company's initial registered agent for service of process at that address is LUIS A. CASANOVA.

The undersigned, being the original members of the limited liability company, certifies that this instrument constitutes the proposed Articles of Organization of EL RETIRO PROPERTIES, LLC.

Executed by the undersigned in Charlotte County, Florida on 12/6<sup>th</sup>, 2004.

CASANOVA & CASANOVA, M.D.'S  
P.A. 401(k) PROFIT SHARING PLAN  
AND TRUST.

By: ✓   
\_\_\_\_\_  
LUIS A. CASANOVA, M.D.

By: ✓   
\_\_\_\_\_  
ENA C. CASANOVA, M.D.

**ACCEPTANCE OF REGISTERED AGENT**

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.

  
\_\_\_\_\_  
LUIS A. CASANOVA, Registered Agent

Dated - 12/12, 2004