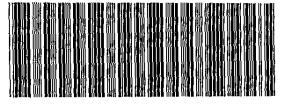
L04000094072

| (F | Requestor's Name) | | |
|----------------------|----------------------|-----------|--|
| (/ | Address) | | |
| | Address) | | |
| (0 | City/State/Zip/Phone | #) | |
| PICK-UP | MAIT | MAIL | |
| (i | Business Entity Nam | ne) | |
| (Document Number) | | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions | to Filing Officer: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |





300043487333

12/20/04--01027--003 **125.00

M (2/29/04

SECREDARY DEC 20 PM 4: 01

4

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporation

SUBJECT: SEA CHANGE PROPERTIES, LLC
(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:

JEFFREY L. MONROE (Name of Person)

SEA CHANGE PROPERTIES, LLC (Firm/Company)

1944 MacArthur Drive (Address)

McLean, VA 22101 (City/State and Zip Code)

For further information concerning this matter, please call:

David M. Andrews at (904)826-1987

(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SECRE LANGE FIOR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SEA CHANGE PROPERTIES, 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:

1944 MacArthur Drive McLean, VA 22101 1944 MacArthur Drive McLean, VA 22101

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

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

DAVID M. ANDREWS

Name

125 NIX BOAT YARD ROAD

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

ST. AUGUSTINE, FL 32084

City, State, and Zip

SECRETARIA SEE 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, F.S..

Registered Agent's Signature

| Article IV - Manager(s) or Mana The name and address of each Man | ging Member(s): ager or Managing Member is as follows: | |
|---|---|--|
| <u>Title:</u> Managing Member | Name and Address: JEFFREY L. MONROE 1944 MacArthur Drive McLean, VA 22101 | |
| | | |
| | | |
| | | |
| | | |
| (Use attachment if necessary) NOTE: An additional article mu | ust be added if an effective date is requested. | 2004 DEC SECRET |
| REQUIRED SIGNATURE: Signature of a mer | nber or an authorized representative of a member. | POIN DEC 20 PM 4: 01 SECRETARY UT STATE TALLAHASSEE. FLORIDA |
| (In accordance with of this document co | th section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | |
| | Typed or printed name of signee | - |

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)