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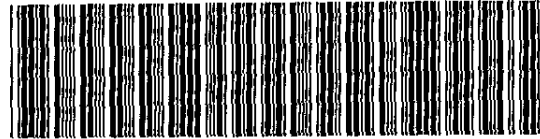
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STATE
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

725 Miami Road LLC

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Signature _____

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Name

Date

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ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is: 725 Miami Road, LLC.

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5300 Davie Road, Davie, Florida, 33314.

Article III — Registered Agent and Registered Office

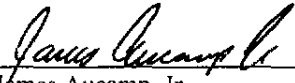
The name and the Florida street address of the initial registered agent are: Neal R. Kalis, Esquire, 7320 Griffin Road, Suite 109, Davie, Florida, 33314.

Article IV — Management:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

James Aucamp, Jr.
5300 Davie Road
Davie, Florida 33314

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be our act this this 4 day of January, 2005.


James Aucamp, Jr.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Signature of Registered Agent

Neal R. Kalis
Typed or printed name of signee

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