

J. BRYAN JAN - 6 2005

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Waterford Apartment Management, L.L.C.  
(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:

Robin Finlayson  
(Name of Person)

Waterford Apartment Management, L.L.C.  
(Firm/Company)

23123 S. State Rd. 7, #240  
(Address)

Boca Raton, FL 33428  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robin Finlayson at ( 561 ) 451-0220 ext. 12  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

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

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
2008 JAN -5 PM 4:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



**FLORIDA DEPARTMENT OF STATE**

Glenda E. Hood  
Secretary of State

December 23, 2004

ROBIN FINLAYSON  
WATERFORD APARTMENT MANAGEMENT, L.L.C.  
23123 S. STATE RD. 7, #240  
BOCA RATON, FL 33428

SUBJECT: WATERFORD APARTMENT MANAGEMENT, L.L.C.  
Ref. Number: W04000046917

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for WATERFORD APARTMENT MANAGEMENT, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 004A00071362

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Waterford Apartment Management, L.L.C.

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

23123 S. State Rd. 7, #240

Boca Raton, FL 33428

#### Mailing Address:

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TALLAHASSEE, FLORIDA

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

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

Vernon G. Schaller

Name

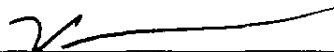
23123 S. State Rd. 7, #240

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

Boca Raton, FL 33428 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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

E. Stanley Kroenke  
1001 Cherry Street, #302  
Columbia, MO 65201

MGRM

912 Providence Road, L.L.C.  
315 Woodlawn #7  
O'Fallon, MO 63366

MBR

Midwest Diversified Empl. Benefit Plan&Trust  
315 Woodlawn #7  
O'Fallon, MO 63366

MBR

JTS Investments  
300 Long Shoals Road #13-V  
Arden, NC 28704

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

James N. Gordon, Manager

\_\_\_\_\_  
Typed or printed name of signee

**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)