

L05000001 3322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

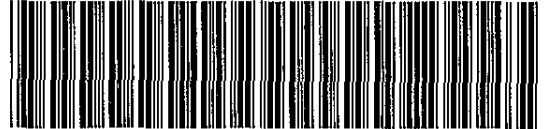
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 192348 7347882

AUTHORIZATION :

Patricia Piquit

COST LIMIT : \$ 125.00

ORDER DATE : February 8, 2005

ORDER TIME : 3:42 PM

ORDER NO. : 192348-005

CUSTOMER NO: 7347882

CUSTOMER: Mr. Chris Malehorn
Luse Gorman Pomerenk & Schick

Suite 400
5335 Wisconsin Avenue Nw
Washington, DC 20015

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SEAL OF THE STATE
PALM BEACH, FLORIDA

DOMESTIC FILING

NAME: ATLANTIC COAST DEVELOPMENT,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Atlantic Coast Development, LLC

ARTICLE II - Address:

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

Principal Office Address:

10151 Deerwood Park Boulevard

Building 100, Suite 501

Jacksonville, Florida 32256

Mailing Address:

10151 Deerwood Park Boulevard

Building 100, Suite 501

Jacksonville, Florida 32256

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

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

Robert J. Larison, Jr.

Name

10151 Deerwood Park Boulevard

Building 100, Suite 501

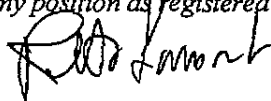
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FL 32256

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)

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JACKSONVILLE, FLORIDA

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:

MGR _____

Robert J. Larison, Jr.

10151 Deerwood Park Blvd., Bldg. 100, Ste. 501
Jacksonville, FL 32256

MGR _____

Jon C. Parker

10151 Deerwood Park Blvd., Bldg. 100, Ste. 501
Jacksonville, FL 32256

(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.)

Robert J. Larison, Jr.

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)