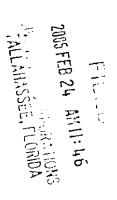
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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J. BRYPH PEB 24 2005



CORPORATION BERVICE COMPANY.

ACCOUNT NO. : 072100000032

REFERENCE: 222380 4812609

AUTHORIZATION : '

COST LIMIT : \$ 125.00

ORDER DATE : February 24, 2005

ORDER TIME : 9:21 AM

ORDER NO. : 222380-005

CUSTOMER NO: 4812609

CUSTOMER: Mr. George Tuttle

Holland & Knight Llp

11th Floor

10 St. James Avenue Boston, MA 02116

DOMESTIC FILING

NAME: EDEN RESIDENTIAL COMMUNITIES,

LLC

EFFECTIVE DATE:

<u> </u>	ARTICLE CERTIFI ARTICLE	CATE	OF L	IMITE	ED E	ARTNE	RSHI	ΙP	
PLEASE	RETURN	THE	FOLLO	WING	AS	PROOF	OF	FILING:	;
XX	CERTIE PLAIN CERTIE	STAM	PED C		STA	MDING			

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	S. C.
Eden Residential Communities, LI	SEE FLORDA
ARTICLE II - Address: The mailing address and street address of the principal	
Principal Office Address:	Mailing Address:
3360 Delray Bay Drive	3360 Delray Bay Drive, Unit 305
Delray Beach, FL 33483	Delray Beach, FL 33483
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register	
Corporation Service Company	
Name	
Florida street address (P.O. Box)	NOT acceptable)
Tallahassee F	LORIDA 32301

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..

Corporation Service Company

By: (Deligner) Skinger

Registered Samp resignature

Asst. V. Pres.

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	یہ ت Dale A. Schuparra
	3360 Delray Bay Drive, Unit 305
	Delray Beach, FL 33483
	SEE
	To the second se
(Use attachment if necessary)	
NOTE: An additional article	e must be added if an effective date is requested.
REQUIRED SIGNATURE:	Marke
Signature of a memi	per or an authorized representative of a member.
(In accordance with s of this document con- that the facts stated h	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
	rd J. Hindlian 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)