

FROM, BERT R. OLIVER, P.A.

(WED) MAR 9 2005 1:14 PM ST. 14 No. 689 13010 1

Florida Department of State
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From:

Account Name : BERT R. OLIVER, P.A.
Account Number : I20040000183
Phone : (561) 869-3000
Fax Number : (561) 549-0025

LIMITED LIABILITY COMPANY

4299 Miami Springs Manager, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
4299 MIAMI SPRINGS MANAGER, LLC
Under the Florida Limited Liability Company Act**

ARTICLE I

NAME

The name of this limited liability company is 4299 MIAMI SPRINGS MANAGER, LLC
(the "Company").

ARTICLE II

MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is c/o Bert R. Oliver, P.A., 2060
N.W. Boca Raton Boulevard, Suite 6, Boca Raton, Florida 33431.

ARTICLE III

REGISTERED AGENT AND OFFICE

The name and street address of the Company's initial registered agent in Florida is Bert R. Oliver, 2060
N.W. Boca Raton Boulevard, Suite 6, Boca Raton, Florida 33431.

ARTICLE IV

MANAGEMENT

The Company is to be a Member-managed Company.

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FROM BERT R. OLIVER P. A.

(WED) MAR 9 2005 1:15/ST. 1:14/No. 6835130167 P 3

FAX AUDIT NUMBER (((H05000058228 3)))

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on March 8, 2005.



BERT R. OLIVER
Authorized Representative

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ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Having been named as Registered Agent to accept service of process for 4299 MIAMI SPRINGS
MANAGER, LLC, at the place designated in the foregoing Articles of Organization, I hereby accept the
appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the
provisions of the Florida Limited Liability Company Act relating to the proper and complete performance
of our duties, and am familiar with and accept the obligations of my position as Registered Agent.

Dated: March 8, 2005.



BERT R. OLIVER

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