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From:

Account Name

: TURNBERRY ASSOCIATES

Account Number : Il9990000201 Phone

: (305)933-5505

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LIMITED LIABILITY COMPANY

Cabi Center MLT, LLC

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INISION OF CORPORATION

ARTICLES OF ORGANIZATION

FOR

CABI CENTER MLT, LLC

I.

NAME

The name of the limited liability company (the "Company") is

CABI CENTER MLT, LLC

II.

DURATION

The period of duration of the Company is perpetual unitess terminated pursuant to its Regulations.

III.

STREET AND MAILING ADDRESS

The street and mailing address of the principal office of the Company in the State of Florida is 19501 Biscayne Boulevard, Suite 400, Aventura, FL 33180.

IV.

REGISTERED AGENT

The name and address of the initial registered agent of the Company in the State of Florida is Mario A. Romine, 19501 Biscayne Boulevard, Suite 400, Aventura, FL 33180.

٧.

ADDITIONAL MEMBERS

The Members shall have no right to admit additional Members except upon the unanimous written consent of the Members.

VI.

CONTINUITY OF BUSINESS

The remaining Members of the Company may continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company upon the consent of the majority of the remaining Members.

VII.

MANAGEMENT

Subject to the right of the Members to elect a Manager or Managers, as set forth in the Regulations of the Company, the day-to-day management of the Company is reserved to the Members, whose names and addresses are:

Jeffrey Soffer 19501 Biscayne Boulevard

Suite 400

Aventura, FL 33180

Jacobo Cababie 19950 West Country Club Drive

Suite 900

Aventura, FL 33180

VIII.

SUBSCRIBERS

The name and address of the person executing these Articles of Organization is Mario A. Romine, 19501 Biscayne Boulevard, Suite 400, Aventura, FL 33180.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 11th day of April, 2005.

By: MARIO A. ROMINE

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COMPANY, AT THE PLACE DESIGNATED IN ARTICLE IV OF THESE ARTICLES OF ORGANIZATION, THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT HE IS FAMILIAR WITH, AND ACCEPTS, THE OBLIGATIONS OF THAT POSITION, AND FURTHER AGREES TO ACT IN THIS CAPACITY, AND TO COMPLY WITH THE COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 11th DAY OF APRIL, 2005

MARIO A. ROMINE

#32920 v1 4/11/2005

DS APR II AN 8: 28
SECRETARY OF STATE
FALLAHASSEF FIORIOA