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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

6111 Broken Sound, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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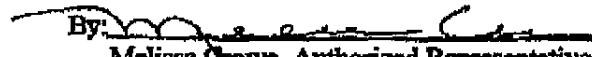
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**ARTICLES OF ORGANIZATION
OF
6111 BROKEN SOUND, LLC
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.** The name of the Limited Liability Company is 6111 BROKEN SOUND, LLC (the "Company").
2. **MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE.** The mailing address for the Company is: 7777 Glades Road, Suite 201, Boca Raton, Florida 33434.
3. **REGISTERED AGENT.** The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Melissa Crowe at 7777 Glades Road, Suite 201, Boca Raton, Florida 33434.

The undersigned has executed these Articles of Organization on the 27th day of April, 2005.

By: 
Melissa Crowe, Authorized Representative

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**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: 6111 BROKEN SOUND, LLC.
2. The name and address of the registered agent and office is:

Malissa Crowe
7777 Glades Road, Suite 201
Boca Raton, Florida 33434

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 its 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.

Melissa Crowe, Registered Agent

Date _____

Date 4/27/05

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