

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000115118 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: ADORNO & YOSS, P.A. Account Name Account Number: 076247002423

: (954)763-1200 Phone Fax Number : (954)766-7800

LIMITED LIABILITY COMPANY

AINESVILLE SUBURB AT	CARDIET I E ESTA
AINESVILLE SUBURB AT	GABRIELLE EST.
Certificate of Status	0
Certified Copy	i
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Many

Comorate Filling

Public Accorda Halo

0752

2/3104.000/

+9547867888

T-383 P.002/003 F-053

H05000115118 3

FILED

ARTICLES OF ORGANIZATION OF OCALA GAINESVILLE SUBURB AT GABRIELLE ESTATES/LLCAY -5 A 11: 33

SEGRE TARY OF STATE
These Articles of Organization are made for the purpose of organizing a Florida Limited Liability. [DA Company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes.

ARTICLE I

The name of this limited liability company is OCALA GAINESVILLE SUBURB AT GABRIELLE ESTATES, LLC (the "Company").

ARTICLE II ADDRESS

The Company's mailing address and street address of the principal office of the Company is 7000 SW 13th Street, Pembroke Pines, Florida 33023.

ARTICLE III REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent of the Company is Gar, P. Simon, c/o Simon & Simon, PA, Suite 504 ONE Datran Center, 9100 S. Dadeland Blvd, Miami, Florida 33156-7815.

The undersigned executed these Articles of Organization on this 28th day of April, 2005.

Authorized Representative of the Members:

Wurtenberger

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated I erein are true.)

(213104.0001/N0530384_1)

T-383 P.003/003 F-053

CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBVITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

OCALA GAINESVILLE SUBURB AT GABRIELLE ESTATES, LLC

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

Gary P. Simon c/o Simon & Simon, PA Suite 504 One Datran Center 9100 S. Dadeland Blvd. Miami, Florida 33156-7815

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.

Gary P. Simon 4/28/05

(213104.0001/N0530384_1)