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FLORIDA_FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303

PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 06-03-05

NAME: GRACEWOOD MANAGEMENT

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$125 + \$30= \$155 _

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	FLORIDA LIMITI	ED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limite	ed Liability Compan	OF ORGANIZATION FOR ED LIABILITY COMPANY by is: ht, llc
Gra	aceWood Managemer	nt, LLC
ARTICLE II - Addre The mailing address an		he principal office of the Limited Liability Company is:
Principal Office Addr	ess:	Mailing Address:
1123 Marbella Plaza	Drive	1123 Marbella Plaza Drive
rampa, Florida 3361	L 9	Tampa, Florida 33619
ARTICLE III - Regisi	tered Agent, Regist	ered Office, & Registered Agent's Signature: the registered agent are:
ARTICLE III - Regist The name and the Flori	tered Agent, Regist	ered Office, & Registered Agent's Signature: the registered agent are:
ARTICLE III - Regist The name and the Flori	tered Agent, Regist da street address of I Services, Inc.	ered Office, & Registered Agent's Signature: the registered agent are:
ARTICLE III - Regis The name and the Flori	tered Agent, Regist da street address of A Services, Inc. N	ered Office, & Registered Agent's Signature: the registered agent are: Jame E Drive, Suite 4
ARTICLE III - Regis The name and the Flori NRA 273	tered Agent, Regist da street address of A Services, Inc. N	ered Office, & Registered Agent's Signature: the registered agent are:

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.

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Manager The name and address of each Manager			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	David R. Vaughan		
_ 	1123 Marbella Plaza Drive		
	Tampa, Florida 33619		
(Use attachment if necessary)			
NOTE: An additional article must be added if an effective date is requested.			
REQUIRED SIGNATURE:			
~ P.	C McClai		
Signature of a member or an at	thorized representative of a member.		
(In accordance with section 608.4 of this document constitutes an at that the facts stated herein are true	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury e.)		
By: Alexande Typed or pri	r T. McClain		

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)