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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

JTA Bay Pines, LLC

Certificate of Status	0
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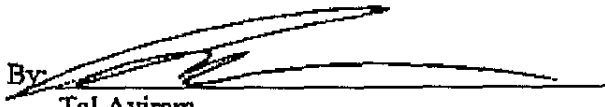
ARTICLES OF ORGANIZATION
OF
JTA BAY PINES, LLC,
a Florida limited liability company

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 does set forth the following:

1. NAME. The name of the limited liability company is JTA Bay Pines, LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 25 Second Street North, Suite 210, St. Petersburg, Florida 33701.
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: Jimmy Aviram, 25 Second Street North, Suite 210, St. Petersburg, Florida 33701.

The undersigned has executed these Articles of Organization on the 14 day of June, 2005.

JTA Bay Pines, LLC, a Florida limited liability company

By: 

Tal Aviram,
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.

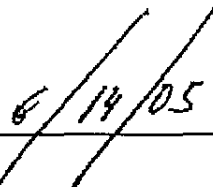
1. The name of the limited liability company is: JTA Bay Pines, LLC.
2. The name and address of the registered agent and office is:

Tal Aviram
25 Second Street North
Suite 210
St. Petersburg, Florida 33701

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.


Tal Aviram

(Date)



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