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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY

GAYARRE FAMILY-2, L.L.C.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION OF  
LIMITED LIABILITY COMPANY  
GAYARRE FAMILY-2, L.L.C.**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I Name:**

The name of the Limited Liability Company is: GAYARRE FAMILY-2, L.L.C., hereafter referred to as the "Company".

**ARTICLE II Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

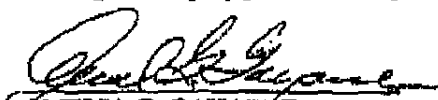
7823 SW 135 PL  
MIAMI, FL 33183

**ARTICLE III - Registered Agent, Registered Office,  
& Registered Agent's Signature**

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

AMELIA G. GAYARRE  
7823 SW 135 PL  
MIAMI, FL 33183

*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 as provided in Chapter 608, F.S.*

  
AMELIA G. GAYARRE

DATE: June 23, 2005

**Article IV - Management**

The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this June 23, 2005.

  
AMELIA G. GAYARRE, Manager

(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 herein are true.)