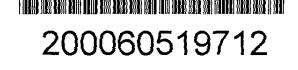
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10/21/05--01001--031 **160.00



SECHETARY L SIAN

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: WAKULLA ANNEX L.L.C. (Name of Limited Liability Company)					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
L.F. (SKIP) YOUNG, JR. (Name of Person)					
(Firm/Company)					
(Firm/Company) 195 HARVEY YOUNG FARM ROAD (Address)					
CRAWFORDVILLE, FL 32327 (City/State and Zip Code)					
For further information concerning this matter, please call:					
L.F. (SKIP) YOUNG at (850 926-8509 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

WAKULLA ANNEX L.L.C.

[Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

195 HARVEY YOUNG FARM ROAD CRAWFORDVILLE, FL 32327

<u>195 HARVEY YOUNG FARM ROAD</u> CRAWFORDVILLE, FL 32327

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of another business entity with an active Florida registration.)

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

195 HARVEY YOUNG FARM ROAD

Florida street address (P.O. Box NOT acceptable)

CRAWFORDVILLE, FL , 32327
City, State, and Zip

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 for in Chapter 608, F.S..

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	L.F. (SKIP) YOUNG, JR. 195 HARVEY YOUNG FARM ROAD CRAWFORDVILLE, FL 32327
MGRM	ANTHONY J. BAJOCZKY 125 N. FRANKLIN BLVD TALLAHASSEE, FL 32301
MGRM	DAVID F. HARVEY 116 HARVEY YOUNG FARM ROAD CRAWFORDVILLE, FL 32327
MGRM	DONNIE CRUM 566 MASHES SANDS ROAD PANACEA, FL 32346
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date is listed, the date must be spoor 90 days after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Q1 /	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

L. F. (SKIP) YOUNG, JR.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)