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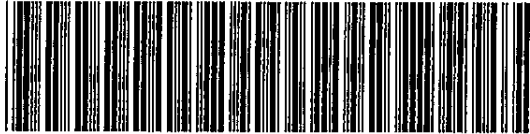
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 710299 10463A

AUTHORIZATION : *Carina Dunlap*

COST LIMIT : \$ 55.00

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ORDER DATE : November 16, 2005

ORDER TIME : 2:48 PM

ORDER NO. : 710299-005

CUSTOMER NO: 10463A

DOMESTIC AMENDMENT FILING

NAME: MARIANNA LIME, LLC

EFFECTIVE DATE:

XX ARTICLES OF CORRECTION
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS: _____

**ARTICLES OF CORRECTION
FOR
MARIANNA LIME, LLC**

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TALLAHASSEE, FLORIDA

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization.

FIRST: The name of the limited liability company is:

MARIANNA LIME, LLC

SECOND: The articles of organization contain an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The second sentence of **ARTICLE V** incorrectly reads: The initial managing member shall be Leon Brooks, P.O. Box 1505, Marianna, FL 33447.

The statement is incorrect because it inadvertently omitted the names of two initial managing members.

The corrected statement is: The initial managing members shall be Leon Brooks, P.O. Box 1505, Marianna, FL 33447, Austin Forman, 888 SE Third Avenue, Suite 501, Fort Lauderdale, FL 33316, and Gilbert Spencer, 2000 Glades Road, Suite 324, Boca Raton, FL 33431.

Dated: November 16, 2005

s/ Fred C. Cohen
Authorized Representative

**ARTICLES OF ORGANIZATION OF
MARIANNA LIME, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is MARIANNA LIME, LLC.

ARTICLE II

This limited liability company shall become effective on OCTOBER 20, 2005.

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is P.O. Box 1505, Marianna, FL 33447. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is FRED C. COHEN, 712 U.S. Highway One, Suite 400, North Palm Beach, Florida 33408.

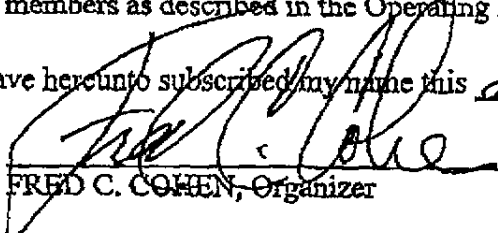
ARTICLE V

The management of this limited liability company shall be vested in a member or members and is, therefore, a member-managed company. The initial managing member shall be Leon Brooks, P.O. Box 1505, Marianna, FL 33447.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 20th day of October, 2005.


FRED C. COHEN, Organizer

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05 OCT 20 AM 9:02
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TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That **MARIANNA LIME, LLC**, a Florida Limited liability company, with its office at P.O. Box 1505, Marianna, FL 33447, has named **FRED C. COHEN**, at 712 U.S. Highway One, Ste 400, North Palm Beach, FL 33408 as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By: 

FRED C. COHEN,
Registered Agent

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 20th day of October, 2005 by **FRED C. COHEN**, who is personally known to me or who has produced Florida State Driver's License Number N/A as identification and who did () or did not (X) take an oath.

Executed this 20th day of October, 2005.


Signature of Notary

Printed Name: **LARISSA K. LINCOLN**

My Commission Expires:

My Commission Number:

