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From:

*Angelica M. Chirin*  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

**LIMITED LIABILITY COMPANY**

**MASMAR XXVIII - RB, LLC**

Certificate of Status	0
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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glanda E. Hood  
Secretary of State

November 14, 2005

AKERMAN, SENTERFITT

SUBJECT: MASMAR XXVIII, RE, LLC  
REF: W05000050841

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

**FAX AUDIT No. H05000260721**

**ARTICLES OF ORGANIZATION  
FOR  
MASMAR XXVIII - RB, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Masmar XXVIII - RB, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 5835 Blue Lagoon Drive, 4<sup>th</sup> Floor, Miami, FL 33126.

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

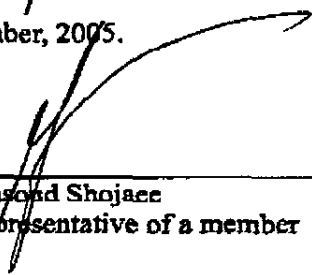
The name and the Florida street address of the registered agent are:

Masoud Shojace  
5835 Blue Lagoon Drive  
4<sup>th</sup> Floor  
Miami, FL 33126

*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.*

  
\_\_\_\_\_  
Masoud Shojace  
Registered Agent's Signature

Signed and dated this 9th day of November, 2005.

  
\_\_\_\_\_  
Masoud Shojace  
Authorized representative of a member

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