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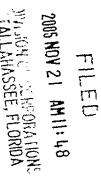
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BURNS & LEVINSON LLP

125 SUMMER STREET BOSTON, MA 02110 T 617.345.3000 F 617.345.3299 WWW.BURNSLEV.COM

JOHN K. KELLEY 617.345.3457 JKELLEY@BURNSLEY.COM

VIA REGULAR MAIL

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

November 15, 2005

Re: Brewster Gainesville, LLC

Dear Sir/Madam:

Enclosed for filing please find (in duplicate) Articles of Organization for Brewster Gainesville, LLC along with a check for \$155.00 to cover the filing fee and the cost of obtaining a certified copy.

To confirm receipt, please date-stamp the enclosed copy of this letter and return it to me in the envelope provided.

If you should have any questions, please call me at 617-345-3457. Thank you for your assistance in this matter.

Very truly yours

John K. Kelley

cc: Steven C. Goodwin, Esq. Carl J. Izzo, CRE

MASSACHUSETTS III PHODE ISLAND III DISTRICT OF COLUMBIA

TRANSMITTAL LETTER

SUBJECT:	BI	REWSTER GAIN	ESVILLE	E, LLC		~ 2
	(Nam	e of Limited Liab	ility Com	pany)		
						世夏丁
The enclosed Art	icles of Organization and	fee(s) are submitt	ed for fili	ng.		姜口
	Please return all co	orrespondence co	ncerning (his matte	r to the following:	SSEE, FLORDING
		JOHN K	KELLE	Y		6 F
		(Name o	of Person)			
		BURNS & 1	LEVINSO	N LLP		Ü
		(Firm/C	ompany)			
		125 SUM	MER STF	REET		
		(Ad	dress)			
		BOSTON,	MA 021	.10		
		(City/State a	ınd Zip Co	de)		
For further inform	mation concerning this ma	atter, please call:				
J	OHN K KELLEY	at (617	345	3457	
	(Name of Person)		(Area Co	de & Dayt	ime Telephone Nun	iber)

STREET ADDRESS:

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	BREWSTER GAINES	<u>, </u>	<u> </u>
ARTICLE II - Addre			·
The mailing address at	id street address of	the princip	al office of the Limited Liability Con
Principal Office Add	ress:		Mailing Address:
125 E. INDIA AVENU	E, SUITE B		P.O. BOX 1870
DELAND, FL 32724			DELAND FL 32721-1870
ARTICLE III - Regis The name and the Flor			ice, & Registered Agent's Signature ered agent are:
	ida street address o		ered agent are:
	ida street address o	of the regist	ered agent are:
The name and the Flor	ida street address o	of the regist	ered agent are:
The name and the Flor	Jona 101 East Kenned	than Milt Name	ered agent are:
The name and the Flor	Jona 101 East Kenned Florida street addi	than Milt Name Y Blyd., ress (P.O. Box	ered agent are: on Suite 1480\n\n NOT acceptable) FLORIDA 33602
The name and the Flor	Jona 101 East Kenned Florida street addi	than Milt Name Ly Blyd., ress (P.O. Box	ered agent are: on Suite 1480\n\n NOT acceptable) FLORIDA 33602

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

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

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
Wididwi — Wanaging Memoci	
MGRM	R.N.I., INC.
	125 E. INDIA AVENUE, SUITE B DELAND, FL 32724
	55.5
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	<u></u>
(Use attachment if necessary)	
,	
	the date of filing: (OPTIONAL)
•	t be specific and cannot be more than five business days
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90 days after the date of filing.)	
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90 days after the date of filing.) REQUIRED SIGNATURE:	
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,	much Breensten Vr
REQUIRED SIGNATURE:	nber or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a men (In accordance with of this document co	nber or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution on stitutes an affirmation under the penalties of perjury
REQUIRED SIGNATURE: Signature of a men (In accordance with of this document co that the facts state	nber or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution

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)