L05000118939

12/14/2005 08:59 8508785926 CT CORPORATION SYSTM PAGE 01/04

TRANSMISSION VERIFICATION REPORT

TIME : 12/09/2005 15:53
NAME : CT CORP
FAX : 8502227615
TEL : 8502221092
SER.# : BROH3J606161

DATE,TIME	12/09 15:52
FAX NO./NAME	2050383
DURATION	00:00:36
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

ORIGINALLY SENT on 12/9/05

Division of Corporations

Page 1 of 1

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Fax Number : (850)205-0383

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Account Name : C T CORPORATION SYSTEM
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LIMITED LIABILITY COMPANY

Sawgrass PDC, LLC

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LIMITED LIABILITY COMPANY

Sawgrass PDC, LLC

Certificate of Status	0
Certified Copy	2
Page Count	03
Estimated Charge	$185.00

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2005 DEC -9 P 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Sawgrass PDC, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "L.L.C." 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:**
8401 Jackson Road	8401 Jackson Road
Sacramento, CA 95826	Sacramento, CA 95826

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 or another business entity with an active Florida registration.)

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

Scott Abbott
Name

5900 North Andrews Avenue, Suite 826
Florida street address (P.O. Box NOT acceptable)

Ft. Lauderdale, FL 33309
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..

Scott Abbott

Registered Agent's Signature (REQUIRED)

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	Thurman Investments, LLC 3500 Lenox Road NE, Suite 501 Atlanta, GA 30326

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

W. Gregory Thurman, Sole Member of Thurman Investments, LLC, Managing Member

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)

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