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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Crimson Ibis Brent's Cove, LLC

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ARTICLES OF ORGANIZATION
OF
CRIMSON IBIS BRENT'S COVE, LLC
a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1.   NAME. The name of the Limited Liability Company is CRIMSON IBIS BRENT'S COVE, LLC (the "Company").

2.   MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 950 Jefferson Street, Hollywood, Florida 33019.

3.   REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Steven Caster at 950 Jefferson Street, Hollywood, Florida 33019.

The undersigned has executed these Articles of Organization on the __7__ day of February, 2006.

By: _____
      Steven Caster, Authorized Representative

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CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the limited liability company is: CRIMSON IBIS BRENT'S COVE, LLC.

2. The name and address of the registered agent and office is:

Steven Caster
950 Jefferson Street
Hollywood, Florida 33019

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 its 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.

_____   _____2/7/06_____
Steven Caster, Registered Agent   Date

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