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FLORIDA/FOREIGN LIMITED LIABILITY CO.

1031 EXCHANGE PROFESSIONALS LLC

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FAX AUDIT # H060000480763

**ARTICLES OF ORGANIZATION
OF
1031 EXCHANGE PROFESSIONALS LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **1031 EXCHANGE PROFESSIONALS LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 4503 SW 5th Place, Cape Coral, Florida 33914.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Cliff Woodhall, 4503 SW 5th Place, Cape Coral, Florida 33914. Located in the County of Lee.

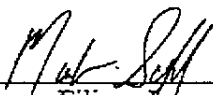
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Cliff Woodhall, 1508 SW 47th Street, Cape Coral, Florida 33914
Tracey Demarest, 4503 SW 5th Place, Cape Coral, Florida 33914


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,
Madison, WI 53717
(608) 827-5300

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TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

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

The name of the limited liability company is: **1031 EXCHANGE PROFESSIONALS
LLC**

The name and address of the registered agent and office is Cliff Woodhall, 4503 SW 5th
Place, Cape Coral, Florida 33914. Located in the County of Lee.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: 

Cliff Woodhall

Date: 2/14/06

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