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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to P	ITing Officer:	
	Office Use Only	,



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

6 APR -4 AMII: 24

DIVISION OF CHAPORATION



ACCOUNT NO.: 07210000032
REFERENCE: 960675 4804484
AUTHORIZATION: Spelblena
COST LIMIT : A25.00
ORDER DATE : April 3, 2006
ORDER TIME: 4:55 PM
ORDER NO. : 960675-005
CUSTOMER NO: 4804484
DOMESTIC FILING
NAME: TGC BOCA GP LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Matthew Young - EXT. 2962
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRE ASSEC	1006 APR LY OF STATE	F11-24	1150
	Br.		

	ART	ICL.	EI.	- Nam	e:
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The name of the Limited Liability Company is:

TGC Boca GP LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
C/o Goodman Properties, Inc.	C/o Goodman Properties, Inc.
777 South Flagler Drive, Suite 1101E	777 South Flagler Drive, Suite 1101E
West Palm Beach, FL 33401	West Palm Beach, FL 33401

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

william A. Shewalter, c/o The Goodman Company
c/o Goodman Properties, Inc.

777 South Flagler Drive, Suite 1101E
Florida street address (P.O. Box NOT acceptable)

West Palm Beach FLORIDA 33401

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, Florida Statutes..

;

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	The Goodman Properties, Inc.
	777 South Flagler Drive
	West Palm Beach, FL 33401
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

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.)

By: William A. Shewalter, Vice President

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)