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CARLTON FIELDS-TPA

002/004

Division of Corporations

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Florida Department of State
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DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BBL Equinox at Tradition, LLC

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001/004

CARLTON FIELDS
ATTORNEYS AT LAW

ONE HARBOUR PLACE
777 S. HARBOUR ISLAND BOULEVARD
TAMPA, FLORIDA 33602-5730

MAILING ADDRESS
P.O. BOX 3239, TAMPA, FL 33601-3239
TEL (813) 223-7000 FAX (813) 229-4133

FAX COVER SHEET

Date: April 11, 2006	Phone Number	Fax Number
To: Division of Corporations		(850) 205-0383
From: Cristin Conley	(813) 223-7000	(813) 229-4133

Client/Matter No.: 95001/76220

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Message: ATTACHED ARE ARTICLES OF ORGANIZATION FOR BBL EQUINOX AT TRADITION, LLC. PLEASE RETURN A CERTIFIED COPY AND A CERTIFICATE OF STATUS FOR THE DOCUMENT TO ME VIA FACSIMILE. THANK YOU.

☐ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow via Overnight Courier

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone (if long distance, please call collect) and return the original message to us at the above address via the U.S. Postal Service. Thank you.

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

BBL EQUINOX at TRADITION, LLC**ARTICLE II - Address:**

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

302 Washington Avenue Extension
Albany, New York 12205

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:

CFRA, LLC

Name

4221 W. Boy Scout Boulevard, Suite 1000Florida street address (P.O. Box NOT acceptable)Tampa, Florida 33607

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.



Registered Agent's Signature (REQUIRED)

M:\16923219\Tradition Ent\BBL Equinox at Tradition-A00.wpd

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TALLAHASSEE, FLORIDA

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

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

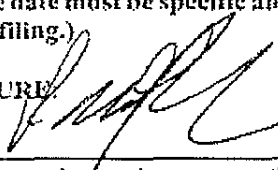
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:Member (50%)BBL at Tradition, LLCBy: SWE, L.P., MemberBy: DRL, LLC, General Partner302 Washington Avenue ExtensionAlbany, New York 12203Member (50%)Equinox at Tradition, LLCc/o Equinox Companies116 Wolf RoadAlbany, New York 12206**ARTICLE V:** Effective date, if other than the date of filing: _____

(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.)

Paul J. Goldman, Esq., Authorized Representative

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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