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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

The Shoppes at Avon Park, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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H06000151609 3

**ARTICLES OF ORGANIZATION
THE SHOPPES AT AVON PARK, LLC**

ARTICLE I - NAME:

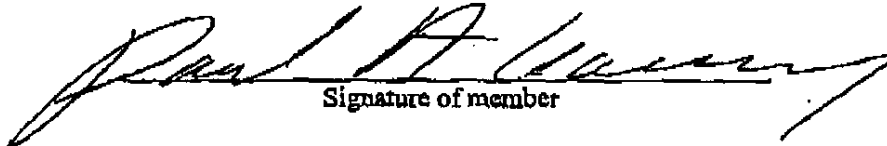
The name of the Limited Liability Company is The Shoppes at Avon Park, LLC.

ARTICLE II - ADDRESS:

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

3651 Hollow Trail Court
Palm Harbor, FL 34684

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and
acknowledged them to be my act this 7 day of June, 2006.


Signature of 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 A. Gasner
Type or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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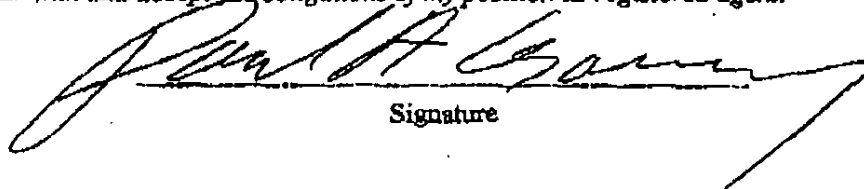
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the Limited Liability Company is The Shoppes at Avon Park, LLC.
2. The name and the Florida street address of the registered agent is:

Paul A. Gasner
3651 Hollow Trail Court
Palm Harbor, Florida 34684

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.


Signature

SECRETARY OF
STATE
TALLAHASSEE, FLORIDA

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