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July 7, 2006

MIKE PHAM 11727 & 11729 N 12 STREET TAMPA, FL 33619

SUBJECT: LTV APARTMENTS "LLC"

Ref. Number: W06000030211

We have received your document for LTV APARTMENTS "LLC" and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person can be listed as registered agent.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 006A00043983

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: LTV APARTMENTS "LLC"		
(Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MIKE Q PHAM & LIENTON PHAM (Name of Person)		
LTV APARTMENTS SE		
11727 & 11729 N 128t Ho P		
TAMPA FL 3 3619 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
MIKE & LIEN PHAM at (352) 684 - 8391 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
S125.00 Filing Fee \$\square \text{\$\square}\$		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
LTV APARTMENTS	"LLC"
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1727 & 11729 N. 12 st TAMPA, FL 33612	20 PH
	red Office, & Registered Agent's Signature:
	LIEN TON PHAM
1494 FENTRE Florida street	ESS CT t address (P.O. Box <u>NOT</u> acceptable)
SPRING HILL City, Str	FL 34609 Ite, and Zip
liability company at the place designated	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. 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) LIEN TON PHAM

(CONTINUED) Page 1 of 2

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 "MGRM" = Managing Member "MGRM" = Managing Member "MGRM" = Managing Member "MGRM" MIKE Q PHAM 1494 FENTRESS CT 3PRING HILL, FL 34609 LIEN TON PHAM 1494 FENTRESS CT SPRING HILL, FL 34609 (Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______. (ÖPTIONAL) (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:

MU Z

LIEN TON PHAM

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.)

MKE A PHAM

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)