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	From: Account Name : AKERMAN SENTERFITT & EIDSON Account Number : 076656002425 Fhone : (407)423-4000 Fax Number : (407)843-6610	11. * 20. * * * 5. *
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3.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of this limited liability company is **LIBERTY VP TALLAHASSEE EAST**, LLC (the "Company").

ARTICLE II - Address

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

2200 Lucien Way, Suite 410 Maitland, Florida 32751

ARTICLE III - Existence and Duration

The Company shall commence its existence on the date that these Articles of Cirganization are filed with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its duration shall be with the Secretary of the State of Florida, and its dura

ARTICLE IV - Management

The Company is a member managed Company.

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Company is:

Wm. Michael Mikkelson 2200 Lucien Way, Suite 410 Maitland, Florida 32751

Dated: October 5, 2006

By: Jeffrey P. Wieland, Authorized Representative

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(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.)

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REGISTERED AGENT ACCEPTANCE

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.

FEGISTERED AGENT:

WM. MICHAEL MIKKELSON, Registered Agent

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Eiv: _

Wm. Michael Mikkelson

Dated: October 5, 2006

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