

L0700000 1743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

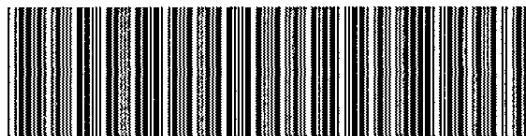
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TOWN SQUARE AT SAINT JOHNS LTD.**  
**9995 Gate Parkway N.**  
**Suite 400**  
**Jacksonville, FL 32246**  
**T. (904) 996-8800**  
**F. (904) 996-8805**

January 3, 2007

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Town Center Building, L.L.C.

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dennis A. Foster  
Town Center at Saint Johns Ltd.  
9995 Gate Parkway N.  
Suite 400  
Jacksonville, FL 32246

For further information concerning this matter, please call:

Dennis A. Foster at (904) 996-8800.

Enclosed is a check for the following amount. \$125.00 Filing Fee.

Very truly yours,



Dennis A. Foster  
Registered Agent

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TALLAHASSEE, FLORIDA  
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**ARTICLES OF ORGANIZATION OF  
TOWN CENTER BUILDING, L.L.C.**

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**ARTICLE I – NAME**

The name of the Limited Liability Company is: Town Center Building, L.L.C.

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**ARTICLE II – ADDRESS**

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

9995 Gate Parkway N.  
Suite 400  
Jacksonville, FL 32246

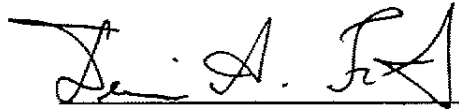
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**ARTICLE III - REGISTERED AGENT & REGISTERED OFFICE**

The name and the Florida street address of the registered agent are:

Dennis A. Foster  
9995 Gate Parkway N.  
Suite 400  
Jacksonville, FL 32246

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 604, F.S.

  
\_\_\_\_\_  
Dennis A. Foster

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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:

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Town Square at Saint Johns Ltd. 9995 Gate Parkway N. Suite 400 Jacksonville, Florida 32246

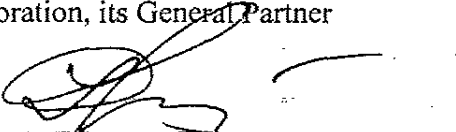
**ARTICLE V – Effective date**

The effective date of filing shall be 15<sup>th</sup> January, 2007.

TOWN SQUARE AT SAINT JOHNS LTD.  
A Florida limited partnership, Managing Member

BY: AVENTURA/TOWN SQUARE, INC. a  
Florida corporation, its General Partner

By:

  
\_\_\_\_\_  
Raissa M. Frenkel, Vice President

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TALLAHASSEE, FLORIDA

**FILED**

(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.)