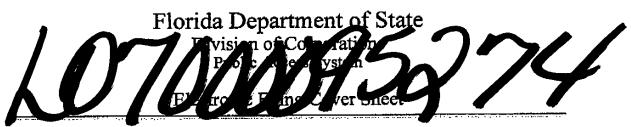
09/18/2007 12:42 FAX 2159779386 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this and the second se page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: M. BURR KEIM COMPANY

Account Number: I19990000242

Phone

: (215)563-8113

Max Number

: (215)977-9386

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Village at Secret Lake, LLC

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Village at Secret Lake, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") 1 1 14 1 1 1 1 ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 209 Town Center Boulevard 209 Town Center Boulevard Davenport, FL 33896 Davenport, FL 33896 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: A. (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another and the company cannot serve as its own Registered Agent. You must designate an individual or another and the company cannot serve as its own Registered Agent. business entity with an active Florida registration.)

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

W. Bradley Munroe, Esquire Name

239 East Virginia Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

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..

ignature (REQUIRED)

(CONTINUED) Page 1 of 2

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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:

	MGRM			Carr Investments, LP	
			, .	11 Dale Lane Malvern, PA 19355	
				Marverii, FA 19300	<del></del>
MGRM			Investors Realty, Ltd., Inc.	,	
		v		209 Town Center Boulevard  Davenport, FL 33896	
	•	<u>150 - 0 - 1</u>	y	The state of the s	
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		7.7	7 x 3 4 5		<del></del>
	(Use att	achment if n	= •		
				• •	(OPTIONAL)

**REOUIRED 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.)

Robert Worthington

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 39.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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