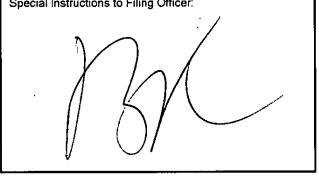
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(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL.
(Busine	ess Entity Name	<u>.</u>
(Document Number)		
Certified Copies	Certificates o	of Status
Special Instructions to Filir	ng Officer:	



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DEPON OF SERVICE PLORIDA

DIVISION OF SERVI



ACCOUNT NO. : 072100000032		
REFERENCE : 301470 7382243		
AUTHORIZATION:		
COST LIMIT: \$ 155 Spelle na 50 2		
ORDER DATE: November 2, 2007		
ORDER TIME: 11:19 AM		
ORDER NO. : 301470-015		
CUSTOMER NO: 7382243		
DOMESTIC FILING		
NAME: PORT ORANGE II, LLC		
EFFECTIVE DATE:		
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Harry B. Davis - EXT. 2926		
EXAMINER'S INITIALS:		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Port Orange I	II, LLC FEE STATE	
ARTICLE II - Address:	e principal office of the Limited Liability Company is: 2	
Principal Office Address:	Mailing Address:	
CBL Center, Suite 500	CBL Center, Suite 500	
2030 Hamilton Place Blvd. Chattanooga, TN 37421	2030 Hamilton Place Blvd. Chattanooga, TN 37421	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another	
The name and the Florida street address of t	he registered agent are:	
Corporation Service Company		
Name		
1201 Hays Street		
Florida street address (P.O. Box NOT acceptable)		
Tallahassee	FL 32301	
City, State, and Zip		
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	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 e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S	

Harry B. Davis Asst. Vice President

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member The Pavilion at Port Orange, LLC MGRM CBL Center, Suite 500, 2030 Hamilton Place Blvd. Chattanooga, TN 37421 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (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:**

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.)

See attached signature page

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)

Signature Page Articles of Organization of Port Orange II, LLC

By: The Pavilion at Port Orange, LLC, its managing member

By: CBL & Associates Limited Partnership, its sole member and chief manager

By: CBL Holdings I, Inc., its sole general partner

Assistant Secretary