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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : DELOACH & HOFSTRA, P.A.
Account Number : I19990000123
Phone : (727) 397-5571
Fax Number : (727) 393-5418

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

EJB 118TH PLACE SEVEN UNITS, LLC

Certificate of Status	0
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OR

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EJB 118TH PLACE SEVEN UNITS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8640 SEMINOLE BOULEVARD
SEMINOLE, FL 33772

8640 SEMINOLE BOULEVARD
SEMINOLE, FL 3772

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PETER T. HOFSTRA

Name

8640 SEMINOLE BOULEVARD

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

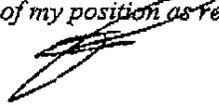
SEMINOLE, FL 33772

City, State, and Zip

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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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

DENNIS R. DELOACH, JR., CO-TRUSTEE OF THE
E.J. BICKLEY TRUST
8640 Seminole Blvd., Seminole, FL 33772

MGRM

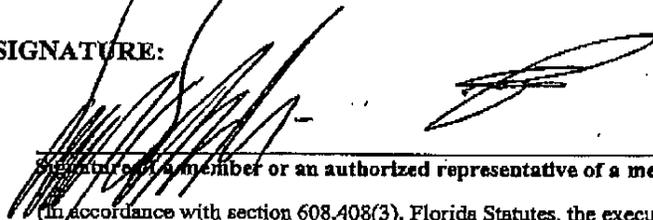
PETER T. HOFSTRA, CO-TRUSTEE OF THE E.J.
BICKLEY TRUST
8640 Seminole Blvd., Seminole, FL 33772

(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.)

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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.)

DENNIS R. DELOACH, JR./PETER T. HOFSTRA

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)

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