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(Requestor's Name)

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(City/State/Zip/Phone #)

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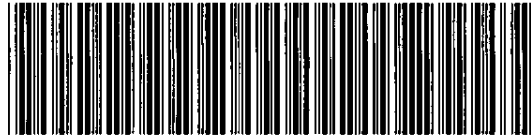
(Business Entity Name)

(Document Number)

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DEPT. TREAS. OF STATE
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TALLAHASSEE, FLORIDA

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07 DEC -3 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK 12/3



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 340303 4304763

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
07 DEC -3 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 30, 2007

ORDER TIME : 10:37 AM

ORDER NO. : 340303-010

CUSTOMER NO: 4304763

DOMESTIC FILING

NAME: BRAINERD ROAD ASSOCIATES
FLVSPE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION

OF

BRAINERD ROAD ASSOCIATES FLVSPE, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

These Articles of Organization of Brainerd Road Associates FLVSPE, LLC (the "LLC" dated as of November 30, 2007, are being duly executed and filed by Jean M. Curran, as an authorized person, to form a limited liability company pursuant to the provisions of Chapter 12 of the Florida Statutes (s. 608.407).

ARTICLE I - Name: The name of the limited liability company (the "company") is Brainerd Road Associates FLVSPE, LLC.

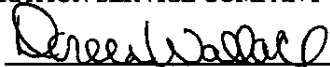
ARTICLE II - Address: The mailing address and the street address of the principal office of the limited liability company is: c/o Krupp Bros., LLC, 50 Milk Street, Boston, MA 02109.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the address within the State of Florida of the resident agent for service of process for the company is: Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301.

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 agreement 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..

CORPORATION SERVICE COMPANY

BY:



Registered Agent's Signature (REQUIRED)

Doreen Wallace
Assistant Vice President

ARTICLE IV - Manager: The name and the address of each manager of the company at the time of its formation are:

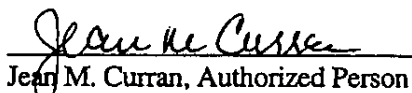
NAME

ADDRESS

Paul Krupp, Manager

c/o Krupp Bros., LLC
50 Milk Street
Boston, MA 02109

IN WITNESS WHEREOF AND UNDER THE PENALTIES OF PERJURY, the person whose signature appears below does hereby affirm and execute this certificate of organization as an authorized person this 30th day of November, 2007.


Jean M. Curran, Authorized Person