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

L. SELLERS

MAY - 8 2008

From:
 Account Name : PROSKAUER ROSE LLP
 Account Number : 074673001063
 Phone : (561) 995-4704
 Fax Number : (561) 988-1211

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MRI Emerald Bay GP, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: MRI Emerald Bay GP, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 1215 South East 2nd Avenue, Suite 201, Fort Lauderdale, FL 33316.

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

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

Kevin Coffey
1215 South East 2nd Avenue, Suite 201
Fort Lauderdale, FL 33316

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



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.)

Kevin Coffey
Typed or printed name of signee

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