

LD80000079847

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

((H08000197902 3)))



H080001979023A8C3

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

To: **L. SELLERS**
Division of Corporations
Fax Number : (850) 617-6383
AUG 21 2008

From: **EXAMINER**
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

RECEIVED
08 AUG 20 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Datran Center Member, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

FILED
08 AUG 20 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

STATE OF FLORIDA
ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: DATRAN CENTER MEMBER, LLC.

ARTICLE II - Address:

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

9830 Colonnade Boulevard, Suite 600
San Antonio, TX 78230-2239

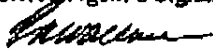
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CI CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324 US

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)



Print Name: E. A. Wallace
Title: Assistant Secretary

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of the sole Member is as follows:

South Florida Equities REIT, Inc., a Maryland corporation
9830 Colonnade Boulevard, Suite 600
San Antonio, TX 78230-2239

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
Print Name: James K. Hardin
Title: Assistant General Counsel

(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.)

FILED
08 AUG 20 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA